Exceptional CHILDREN

JOURNAL OF THE INTERNATIONAL COUNCIL FOR EXCEPTIONAL CHILDREN

~~Journal of Exceptional Children~~

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DATES TO REMEMBER

March 1954

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Exceptional CHILDREN

JOURNAL OF THE INTERNATIONAL COUNCIL FOR EXCEPTIONAL CHILDREN

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IN THE APRIL ISSUE

Look for news of research developments US Department of Public Health believes may profoundly affect exceptional children.

See a clear exposition of why, whether she wants or not, the teacher helps to create the person each pupil is to be.

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They Make the Teachers Heard

WILLIAM G. CARR

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MAR 29 1954
MANHATTAN

IT'S the easiest thing in the world not to see the forest for the trees. From outside the United States, US activities look so complicated that many in foreign countries fail to see the core of things we agree on, the principles of freedom and equal opportunity that the cartoonist's Uncle Sam represents. In the same way, many people here at home fail to realize that the NEA represents the principle of a better opportunity for all children through the improved quality of their teachers and teaching. The *NEA is* more than half the teachers in the United States, speaking for the benefit of all the teachers and all the children.

Now the essential business of the secretary's office of the NEA is to listen to the voice of these NEA member teachers and to help them in answering the children's needs and in protecting the teachers' rights. This office coordinates the work of the departments whose functions are to improve the quality of instruction in various fields. It promotes understanding of good working methods by liaison between departments representing the various levels of instruction—classroom teachers, principals, superintendents. Through its contact with the public, it helps to shape and to record public opinion toward the schools.

As to how this is done:

The actual staff of the secretary's office includes less than 20 of the 500 persons employed at NEA headquarters. All of the others are assigned to various departments, divisions, committees and commissions, including the International Council for Exceptional Children.

The assistant secretary for field operations, Karl H. Berns, plans the schedule of all field work conducted by the National Education Association. In a typical year, NEA, through its departments or otherwise, sponsors about 60 major educational conferences, scattered at various points throughout the United States, with a combined attendance of 50,000 to 100,000. Staff members and officers appear on conference programs by invitation every day of the year. Each month Dr. Berns' office publishes a list of the field assignments of members of the NEA staff. This list rarely takes less than a full typewritten page.

In addition to staff members who appear on various local, state, regional, and national programs, or join in conferences on educational questions, the NEA state directors in each of the 48 states travel extensively in their areas as representatives of the Association.

About 70 field workers are attached to the staffs of the affiliated state education associations. Their work is to inetrpret the state programs to local associations, and to help them to put the program to work in their own communities. Many of these workers are jointly sponsored and financed by the NEA and the cooperating state education associations. The field workers hold an annual conference to keep themselves up-to-date, both as to content and methods.

In addition, Dr. Berns has responsi-

• WILLIAM G. CARR is executive secretary of NEA

bility for the NEA Building Fund Campaign which is planned to provide suitable working space for the NEA staff in Washington. Our present facilities are a hodge-podge of converted residences and other unsuitable buildings designed for about 200 persons and now occupied by about 500. Work has already begun on the first unit of the new headquarters building. All members of the profession are invited to contribute to a $5,000,000 building fund. It is hoped that the entire fund can be raised by the time of the NEA Centennial in 1957.

The assistant secretary for professional relations is Dr. Lyle W. Ashby, whose primary responsibility is to coordinate the work of the 29 departments, 33 committees, and numerous other units of the National Education Association, most of which have their own independent programs. Through voluntary cooperation, overlapping and duplication are avoided to achieve concentrated effort on crucial problems.

Dr. Ashby meets regularly with a conference of the secretaries of the various NEA departments, including the International Council for Exceptional Children, for the discussion of common problems. He also arranges an annual conference with the presidents of the departments. One good example of the way in which all departments of the NEA concentrate their knowledge and skill on the specific problems of improving classroom instruction is the special interdepartmental regional conference on the improvement of instruction which will be held in Minneapolis in April 1954, and in which, of course, ICEC will take part.

The assistant secretary for professional relations also prepares the program for the National Education Association's annual convention. Some idea of the size and variety of the program planned for New York City in 1954 is that its outline, with details omitted, is a 64-page book.

To help coordinate the activities of our departments and committees, Dr. Ashby also maintains liaison with other professional groups and keeps a master calendar which notes the dates and places of professional meetings planned or being currently held throughout the United States.

Finally, he is responsible for the promotion of the Centennial Action Program, the program of action adopted by the Representative Assembly of NEA as a goal for 1957.

The assistant secretary for lay relations is Glenn E. Snow. It is his responsibility to help secure the intelligent appreciation and support of lay groups for the program of the teaching profession. His work is of crucial importance, since it is evident that our schools can be no better than the program the public is willing to support.

Growing population makes unusual demands on the public purse for the care and housing of school children. As a consequence, attacks, justified and unjustified, are being made on the educational program. Work in the field of lay relations requires great skill in seeing the other fellow's point of view, and in presenting persuasively the point of view of the teaching profession. In this process, Dr. Snow maintains relationships with the principal lay organizations in the United States—trade unions, business organizations, farm groups, womens clubs, civic groups, veterans organizations, service clubs, churches, and many others.

The Secretary's office also includes

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Miss Mary Titus, consultant for local organizations, who is responsible for encouraging the formation of effective local teachers organizations throughout the United States and for helping these local teachers associations to affiliate with the National Education Association. Miss Titus is currently giving special attention to the big cities where, in some instances, the membership in NEA is less numerous and less active than in smaller communities and rural areas.

The executive secretary's office is also responsible for planning the agenda and for keeping the records of the various *official meetings* of the NEA, including:

The Representative Assembly, which consists of about 5000 delegates elected by local and state affiliated organizations. The Assembly makes the budget, adopts all basic policy, and elects all directors and other officers.

The Board of Directors which consists of one, two, or three persons from each state. It acts to give effect to the policies approved by the Representative Assembly between annual meetings of the Assembly.

The Executive Committee which consists of 11 elected persons who deal with more immediate questions of operation and policy.

The Board of Trustees, which has responsibility for the permanent funds and property of the Association and for the selection of the executive secretary.

The three assistant secretaries, the executive secretary and the director of the business division meet each week for a rapid one-hour review of current problems of the Association.

In summary, it is the function of the executive secretary's office to help all other units of the NEA staff to work with maximum efficiency and with the greatest possible freedom from interference or duplication of effort, to act as a link between the staff and the officers and members of the National Education Association, to interpret the program of the Association to the profession and to the public, and to develop long-range plans and policies for the future work of the National Education Association in behalf of better schools and better conditions for teachers.

THE OPTIMIST CREED

Promise Yourself:

To be so strong that nothing can disturb your peace of mind.

To talk health, happiness and prosperity to every person you meet.

To make all your friends feel that there is something in them.

To look at the sunny side of everything and make your optimism come true.

To think only of the best, to work only for the best and to expect only the best.

To be just as enthusiastic about the success of others as you are about your own.

To forget the mistakes of the past and press on to the greater achievements of the future.

To wear a cheerful countenance at all times and give every living creature you meet a smile.

To give so much time to the improvement of yourself that you have no time to criticize others.

To be too large for worry, too noble for anger, too strong for fear, and too happy to permit the presence of trouble.

—CHRISTIAN D. LARSON

OFFICIAL CREED OF OPTIMIST INTERNATIONAL

SCIENCE PROVISIONS

for the Gifted

PAUL A. WITTY
and
SAMUEL W. BLOOM

THE recent resurgence of interest in gifted or "rapid learning" pupils has included emphasis on stimulating leadership in science. The Steelman [1] report of 1947 pointed to the scientific needs of the nation, as did publications of the Engineering Manpower Commission of the Engineers Joint Council.[2] The National Manpower Council has stressed the education of youth to meet this need. In *Science In Secondary Schools Today*, Secondary School Principals have also shown concern about the identification and development of scientifically talented youth.

A number of articles in educational periodicals have been devoted recently to the promising student of science. For example, R. H. Knapp and H. B. Goodrich [3] stressed the need for early identification and guidance of capable students It has, of course, been demonstrated that there is a great waste of such pupils' ability.

The National Manpower Council estimated in 1951 that one-fourth of our 18 year old youth had IQ's 110 or above. Of this fourth, 60 per cent did not enter college, and 20 per cent did not complete high school. Of the 40 per cent that entered college, only about one-half graduated. One research worker estimated that only about one-third of our high school graduates would go to college in 1951. Another has queried students of high ability who cite financial needs and disinterest as reasons for discontinuing school.

To provide for the financial needs of the gifted, a number of proposals have been made, such as federally financed aid, and increased numbers of college scholarships including industrially sponsored aid. In a study at the University of Indiana, Mulligan [4] found that with financial aid, the proportion of promising students going to college was greatly increased. Several studies vividly disclose the financial needs of many gifted pupils. For example, it was found that only about one-half of the 1948 graduates who in Los Angeles had planned to take post high school education actually did so. Lack of financial resources was given as the primary reason for this failure. In a study made in Iowa, financial consider-

[1] Steelman, John R., chairman. *Science and Public Policy. IV. The Federal Research Program. A report to the President.* U.S. Government Printing Office, Washington, D.C. Oct. 11, 1947.

[2] The Engineering Manpower Commission of the Engineers Joint Council with offices at 29 West 39th St., New York 18, N.Y., issues a semi-monthly newsletter pertaining to the recruitment and training of engineers and scientific personnel.

[3] Knapp, R. H., and Goodrich, H. B. *Origin of American Scientists.* 1952. The University of Chicago Press, Chicago.

[4] Mulligan, R. A. "Socio-Economic Background and College Enrollment." *Am. Sociological Rev.* 1951. 16:188-196.

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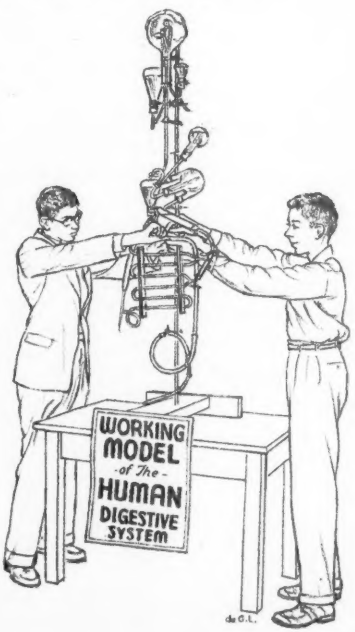
ations were cited by superior pupils as the primary cause of their failure to go to college.[5]

Not all capable graduates postpone college attendance because of financial reasons. The socio-economic status of the student's parents, the educational attainment of the parents, the environment in which the student lives, his associates, his own indifference, and lack of stimulation are also factors of importance.

Appropriate guidance given early in the career of the superior pupil can do much to lead him to want to make full use of his ability. Participation in activities associated with Science Fairs, the Science Talent Search, the National Science Teacher Association Achievement Awards, and contests sponsored by scientific and engineering societies serve to engender interest on the part of many gifted pupils. However, many others are not given this stimulation and fail to become interested in the development of their abilities. The conservation of talent requires the cooperation of the entire school staff. Some efforts are being made to achieve this goal. For example, in the San Francisco schools a student with a specific gift or talent is directed early in his career to a teacher in the field of his special ability. As a part of the guidance program, he is encouraged to read published accounts about science careers for high school students. Some of these are: *Your Opportunities in Science* by National Association of Manufacturers, 14 West 49th Street, New York; *Your Career in Metallurgy* by The American Society for Metals, 7301 Euclid Avenue, Cleveland; *Shall I Study Chemistry* by The American Chemical Society, 1155 16th Street, N.W., Washington D. C.; *Opportunities in Atomic Energy* available from the National Science Teachers Association, 1201 16th Street, N.W., Washington, D. C.; *Outlook for Women in Science,* a series of eight booklets, Department of Labor, US Government Printing, Office Washington, D. C.; *Can I Be An Engineer — Let's Find Out,* General Motors Corporation, Detroit; *Engineering as a Career*—A Message by Engineer's Council for Professional Development, 29 West 39th Street, New York.



An adequate program of guidance for the gifted not only requires the cooperation of all the staff members within a school, but it also involves the associated efforts of parents and community agencies to provide additional

[5] Phearman, L. T. "Comparisons of High School Graduates Who Go To College with Those Who Do Not." *J. of Educational Psychology.* Nov. 1949. 40: 405-414.

Some readers may be interested in Walter Barbe's Ph.D. dissertation (Northwestern University, 1953) in which the graduates of Major Work Classes in Cleveland are described. A very large proportion attend college and succeed admirably.

incentives and opportunities. In such an effort, the first problem is the identification of the especially capable student.

Identifying the Potentially Gifted in Science

With the advent of the intelligence test, children of IQ 130 and higher were referred to as gifted. In the early studies of the distribution of intelligence, it was found that these children constituted about one per cent of the entire school population. The Educational Policies Commission has pointed out that such lines of demarcation are arbitrary. The commission suggested that pupils with IQ 137 and above be considered as highly gifted, and that moderately gifted students be identified by IQ ratings 120-137. Such a practice would include 10 per cent of high school students in the moderately and highly gifted group. Bowman[6] has suggested a listing of superior students in San Francisco in the 95th percentile and above as measured both by the Primary Mental Ability and the Iowa Educational Development Tests. In the Long Beach (California) schools, the 97th percentile based on mental tests and reading test scores is used as the line of demarcation for very superior pupils.

Various other proposals have been made from time to time. And practices in schools vary widely in the designation of the gifted. Hollinshead[7] voices a warning of importance:

> We ought not to let ourselves get so bemused with the importance of developing genius or near genius that we neglect in any sense those just below them in ability, for those just below have an almost equally important contribution to make, mostly in the direction of developing, explaining, and diffusing the thought of those who are in the very top rank.

In the following descriptions we shall see that a variety of practices are employed in selecting and encouraging the gifted in science.

School Programs

The Thomas Carr Howe High School, Indianapolis, Ind.

Paul Klinge[8] reports that teachers in the Thomas Carr Howe High School are asked to list students who fall into the following categories: Those who plan to major in science, those who plan to minor in science, those who are making top grades, and those who show an unusual aptitude or interest in science. These lists are employed to select students for a special biology class. The same sequence of units is followed as in the regular class, but in addition the students prepare a scientific report, participate in field trips, attend scientific lectures, and engage in other related activities to a greater extent. The progress of each student is carefully checked as he works closely with his advisor. When the student is a senior, he is encouraged to participate in the Science Talent Search.

The Stuyvesant High School, New York City[9]

Stuyvesant High School is a large science-oriented high school enrolling

[6] Bowman, Lillie. "A program of Self-Evaluation at the Tenth Grade Level." *California J. of Educational Research.* January 1950. 1:1:7.

[7] Hollingshead, B. S. *Who Should Go To College?* 1952. The Columbia University Press, New York.

[8] Klinge, Paul. "Implementing the Basic Principles with Superior Students in the Senior High School." *Science Teacher.* March 1953. 20:61, 80-81.

[9] From the notes of one of the writers in a personal interview with Mr. Fred Schoenberg, principal, and A. Efron, head of the physics department. (September 1952)

3000 boys. Admission to the school is based upon the following attainments: (a) IQ 110 or above on a group test, (b) a satisfactory score on an English and mathematics test, and (c) recommendation of teachers and the principal of the lower school.

A. Efron, head of the physics department there, recommends a "spiral" program in physics which aids in screening the gifted. The beginner is given an overview of the entire field. In Physics II Honors class, made up of boys with an average of 90 per cent or over in Physics I, and similar grades in mathematics, English, social studies, and foreign language, a decidedly higher level of instruction is provided. From this class, 20 to 25 boys are selected to take the course in Experimental and Research Physics. "Students in the class perform experiments with X-Ray diffraction, measure wave lengths of light, set up systems for determining the lengths of radio waves, produce and measure high vacua, learn to handle an oscilloscope, carry out experiments with dry-disk rectifiers and transistors, etc." These pupils are encouraged, too, to participate in the Science Talent research.

The Forest Hills High School, Forest Hills, New York

Paul F. Brandwein has long expressed an interest in the identification of capable students in science. Brandwein has set forth the following hypotheses:

> High level ability in science is a function of high general ability and cannot, at present, be isolated as a separate hereditary factor arbitrarily called "science talent"....Young students with high achievement in verbal and mathematical skills can develop a high-level ability in science (a developed aptitude) if given appropriate opportunities (skilled teaching and wide training in laboratory science).

From his studies of large numbers of freshmen, Brandwein concluded that those who developed "science aptitude" typically gave evidence of high IQ, high verbal ability, and high mathematical ability.

Evelyn Morholt of the Forest Hills High School science department comments: "We find, fundamentally, that youngsters of high ability and high interest in science select themselves for further opportunities in science. They ask for opportunities to be in an Honor Class in biology." The teachers in the science department act as a team to provide guidance and to stimulate and encourage students to develop their potentialities. The Forest Hills High School has been unusually successful in the Science Talent Search. A report of Brandwein, now in process, on the post-high school success of his pupils will soon be available.

Western High School, Baltimore, Maryland [10]

Western High School uses another approach for the identification of capable young women in science. Students may enter this school from any part of greater Baltimore.

Admittance to the Advanced College Preparatory Program is based upon: (a) reading level at 12th grade level or higher, (b) a grade of 80 per cent or better in each major eighth grade subject, (c) IQ 110 or above, and (d) recommendation of the junior high school principal. Three different curricula are offered. Students are given little choice of electives. The regular high school work is concentrated into

[10] Reported from a visitation to the school by one of the writers. Data supplied by Miss Mildred M. Coughlin, principal, (January 1953)

a three-year program, and the work of the fourth year is at the college level. This course of study for the fourth year has been worked out cooperatively with Goucher College and Johns Hopkins University. Upon completion of this curriculum, the graduate with "B" or "A" averages may apply for advance standing without examination in schools such as Goucher, Barnard, Smith, and Wilson.

Baltimore Polytechnic Institute, Baltimore, Maryland [11]

One method of identifying the more able students and making provision for them through an accelerated program is illustrated in the Curriculum A program at Baltimore Polytechnic Institute. Twenty-five per cent of the boys in this school enroll for Curriculum A which is similar to the Advanced College Preparatory Curriculum of Western High School. Selection of entrants to Curriculum A is based upon recommendation of the junior high school principal, a grade of 80 per cent or better in each major subject in the junior high school, and an IQ of 110 or above.

After a boy has started the course in Curriculum A, his achievement is closely observed by the counselor. If the pupil can not keep up with this class, he is urged to transfer to the less intensive Curriculum B where he will not lose any time in graduating. About 50 per cent of the entrants to Curriculum A are able to finish the course.

Courses given in the sciences are enriched and concentrated. Physics is started during the first semester of the tenth grade; advanced physics is offered the second semester. Chemistry is started in the eleventh grade; a semester of analytical chemistry follows. Curriculum A is certified for advanced standing at almost all colleges of engineering.

The North Phoenix High School, Phoenix, Arizona

The Curriculum Council of Phoenix is attempting to provide more adequately for gifted boys and girls. On Feb. 25, 1952, a symposium was held on the practices developed by the Phoenix Union High School and Phoenix College. This work is described in a publication entitled *Education of the Gifted.* C. A. Brown and C. W. Roland have also described the unusual science work performed in their schools in Phoenix.[12]

The Science Talent Search record of the North Phoenix High School—four winners and seven honorable mentions in the years 1947-1953—prompted one of the writers to observe this school and attempt to discover some reasons for such an unusually fine record. His investigation pointed to the following factors as important considerations:

(1) Identification of promising pupils by biology or general science teachers at the ninth and tenth grade levels.

(2) Encouragement of these pupils by outstanding teachers.

(3) Opportunities for students to work before and after school hours in laboratories and workshops.

(4) A coaching program for twelfth

[11] School visited by one of the writers (January 1953). Data furnished by Mr. Wilmer deHuff, principal, and Mr. Harry F. Frank, vice-principal.

[12] Curriculum Council Meeting. *Education of Gifted: A Symposium.* Phoenix Union High Schools and Phoenix College System, Phoenix, Ariz. Feb. 25, 1952. Mimeo.

Brown, C. A. "Instruction and Development of Unusually Capable Scientific Students." *The Phoenix.* Spring 1952. 9:3-8.

Roland, C. W. "Science in the West High Curriculum." *The Phoenix.* 1950. 7:50-52.

grade students in various fields of science.

(5) Opportunities for students to serve as laboratory assistants.

(6) Opportunities to work upon carefully selected projects.

(7) Use of community resources to stimulate interest.

(8) Widespread participation in science clubs.

(9) Opportunities for students to enroll in "advanced" classes.

Susan Miller Dorsey High School, Los Angeles, California

All pupils are required to take Life Science in the tenth grade. The top five students of each class are considered for the accelerated group. The basis for selection is: (a) An IQ of 120 or above, (b) reasoning ability, (c) reading proficiency, (d) recommendations of previous teacher, (e) achievement as measured by grades, and (f) interest in science.

The top 25 enroll in a special class during the second semester of Life Science. The sequence of units is the same as for the regular course, but an enriched program is offered. From this group, selection is made for the Accelerated Chemistry and Physics sequences...usually the top quarter of the class. The accelerated sequence in chemistry and physics is a high school course in these sciences, but standards are maintained at a higher level than in regular classes. Encouragement and guidance are given in this special class for constructive work on individual projects and participation in science contests.

Opportunities are provided for the students to work as laboratory assistants. A student selected for this work must be an "A" pupil in science and mathematics and must have the recommendation of the teacher under whom he is at work. In addition to assisting the teacher he has the opportunity to carry on research. Laboratory assistants are supervised by one teacher although they may work in various science laboratories.

University High School, West Los Angeles, California

Assignment of pupils into ability groupings is made from the cumulative record obtained from the junior high school and from test scores and grades. The one star group includes pupils with an IQ of 115 or above, two to three years' acceleration in reading, and above-average achievement. This group is kept together in tenth grade English and social studies. Enrichment of subject matter plus high standards of achievement characterize the one star classes. Segregation of high ability pupils is continued in English classes through the first half of the eleventh grade, and in social studies classes through the first half of the twelfth grade. Enrollment in courses such as higher mathematics, chemistry, and physics is limited to those students whose ability and record indicate a capacity for satisfactory achievement in each course. In the science courses a greatly enriched program is offered.

Pupils are encouraged to enter and participate in the Science Fair, the Science Talent Search, and to prepare for the examination given annually by the American Chemical Society, Southern California section.

Oak Park and River Forest High School, Oak Park, Illinois

This school places emphasis on high standards of achievement. Entering students usually take the Freshman

Science course which stresses physiology. Students with superior academic records and with good reasons to do so may skip this course and enroll in biology. Superior students may later elect both botany and zoology, and, if their college preparatory programs call for both physics and chemistry, they may upon the dean's recommendation, take botany and zoology without first taking the course in biology.

Chemistry is taught at three levels. A course designated Regular Chemistry with emphasis on mathematics and quantitative experiments is offered to a selected group of students. Chemistry M covers the same work as the other chemistry course but places less emphasis on mathematics. Chemistry L is the course designated for pupils less able than those who take the other two courses.

Many challenging activities are provided for the better-than-average pupil, including tutoring, assisting in the department, and related activities.

Evanston Township High School, Evanston, Illinois

This school has produced two top Westinghouse Science Talent winners within five years. This unusual record is apparently attributable to a number of conditions which lead students to make the best use of their abilities. One factor is the degree of care used in selection of students for science courses. Unusually promising students are identified by the use of intelligence tests, achievement and interest examinations, academic records, and recommendations.

The entire science department, under the leadership of its chairman, W. E. Jones, and stimulated by the efforts of Murl Salisbury, cooperates in offering guidance and encouragement to the superior pupil. Capable students are identified early—usually in the freshman year and are given abundant and varied opportunities to attain competency in various aspects of science. Special help is given to each student in the development of his project. The science department offers guidance, encouragement, and supervision. The final work, however, represents the ability, ingenuity, and research of the pupils.

Special Schools as an Administrative Device

Special schools for the gifted and talented in science are an extension of the practice of organizing special classes which dates back perhaps 100 years to the Central High School established in Philadelphia. Baltimore has had more than 50 years' experience with such specialized schools as the Baltimore Polytechnic Institute. New York City has long pioneered with special schools. Cincinnati has its specialized Walnut High School. The specialized high school provides a favorable environment for capable pupils with specific interests and aptitudes.

The High School of Science

Morris Meister, principal of the High School of Science, New York, stresses the fact that the High School of Science is not a technical school with science as its objective, but a comprehensive high school in which science is being used as one of the tools by which a more liberal education is obtained. The high school is organized "around a *purpose* that is meaningful and attractive to the students" A specialized high school can thus provide a more flexible curriculum and offer a larger number of electives. The

(Continued on page 262)

30 CARDINAL REQUISITES

for an adequate educational program for hospitalized children

D. C. WIDDOWSON

ALTHOUGH the hospitalized child, whether normal or exceptional, is much the same child, with the same learning problems, as he had outside the hospital, the institutional situation in itself presents some difficulties to teaching. Much of the child's time is taken up with the routine of treatment. The medical staff naturally feels that the primary responsibility of the hospital is physical return or approach to normalcy. In many cases, the hospital teaching system is not closely geared to the general public education system, so that the problem of either transfer on recovery or of admission may not be at all simple. In addition, the chain of command both from the point of view of the hospital staff and public education system is a complicated one. Both philosophical intent and legal provisions must be right for proper administration of such a program.

From the point of view of those who consider establishing a hospital teaching plan, or of units already established, there should be general understanding of provisions necessary for putting the program on a firm basis. Active application of the 30 points listed here should go far toward making possible a successful program of hospital education.

(1) A philosophy of education in harmony with the concept that a democratic society discharges a prime obligation in providing all children with a free education designed to assist the whole individual in adjusting to wholesome and productive living.

(2) A recognition on the part of the entire administrative, supervisory, and teaching staff that they function as a part of the public school system with the total effort benefiting all exceptional children.

(3) A realization by hospital staffs that physical improvement is a concomitant of adjustment by the handicapped child to a wholesome situation of living and learning at the hospital.

(4) A sound administrative policy set forth in a publication which includes a complete statement regarding the procedures to follow in securing the educational benefits available to all exceptional children.

(5) A cooperative relationship with public and private organizations concerned with advancing the welfare of all exceptional children.

(6) A concert or integration of all state, regional, and local government agencies offering services for exceptional children.

(7) A modern system of reporting pupil progress to parents.

(8) A cumulative record system helpful to the hospital teacher and transmittable to either the homebound

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teaching program or the local school when the child is discharged from the hospital.

(9) A gearing of alert administration, adequate supervision, stimulating teaching, and wholesome curriculum to the task of fulfilling the educational needs of individual hospitalized children.

(10) A pre-service and in-service training program for hospital teachers and for members of the local hospital medical service personnel working regularly with hospitalized children.

(11) A professionally trained teaching corps, specially trained in the education of exceptional children and who have had experience in teaching "normal" or public school children.

(12) A system of prompt and efficient pupil referral to the hospital teacher by hospital authorities.

(13) A cooperative and resourceful hospital administration and a helpful and appreciative medical staff who show respect to the hospital teacher and her work, realizing that in so doing they are helping the hospitalized child and their own purposes.

(14) A place for parents in planning their child's educational program in the hospital as their just right.

(15) A conscious attempt to help the child to emerge from the program as a well adjusted individual able to make increased social and vocational contributions to a democratic society.

(16) A program so effective it would reduce need for pensions and decrease the demand for adult vocational adjustment.

(17) A legal basis for the program, mandatory in character, which provides ample state funds and comprehensive legislation for the establishment and maintenance of a broad and inclusive program for all exceptional children.

(18) A legal definition of an exceptional child for the purpose of determining the eligibility of children for the program.

(19) A legal provision and funds for setting up a program that will implement finding and channeling into regional hospital clinics those children who can profit by a program designed to promote educational as well as surgical or remedial diagnosis.

(20) A recognition and appreciation by the hospital teacher of her role in the total corrective and educational program for the hospitalized child.

(21) A recognition by the hospital teacher that she has a special responsibility in creating and maintaining a wholesome situation for living and learning at the hospital for the children placed in her care.

(22) A general education curriculum aimed at helping children to achieve self-realization, democratic human relationships, economic efficiency, and civic responsibility.

(23) A comprehensive guidance program serving the special needs of hospitalized children by providing adequate guidance aimed at stimulating the fullest development of the whole child.

(24) A continuous evaluation of teaching and learning.

(25) A teaching plan considerate of the individual needs and interests of the hospitalized children which takes into account their personal physical limitations and clearly reflects a knowledge of child growth and development.

(26) A teaching effort focused on the child and not the handicap, adapted to individual strengths and weaknesses.

(Continued on page 258)

Case Work Approaches

IN A COMMUNITY CLINIC FOR MENTALLY RETARDED CHILDREN

RUDOLF P. HORMUTH

IN October of 1950, a new and unusual type of clinic was established at the Jewish Hospital of Brooklyn. Named the Morris J. Solomon Clinic for the Rehabilitation of Retarded Children in honor of the donor group, it was organized specifically to provide diagnostic and therapeutic services for the mentally retarded children living in their own homes in the community.

The clinic was developed as a project of the Association for the Help of Retarded Children, an organization of parents. It represented the answer to the rejection of their children and themselves by the community, by individual practitioners, clinics, agencies, and schools. Through the clinic's services these parents hoped to prove that retarded children were human beings, that they were educable and trainable, and that they could function as part of a family unit.

With this in mind, the clinic was organized to serve all retarded children from birth to 14 years who live in the borough of Brooklyn. Each child was to receive a complete diagnostic work-up: a complete history, a pediatric, psychological, neurological, and psychiatric examination, and a speech evaluation. Hospital facilities, including laboratory, and medical specialists were made available as needed. Attempts at therapy were to stem from this work-up.

Even before the clinic was in full operation, it had already acquired a waiting list of over 500 children who represented every possible variety of retardation. There were, of course, a number of schizophrenic as well as brain-injured and pseudo-retarded children in the group. In terms of IQ the average was about 45.

Within the framework provided, and with the stated goal, it became necessary to experiment and work out new approaches. Knowledge of the possibilities of living in the community for the mentally retarded was still in the pre-fact-finding stage. The professionals involved had to refine and refocus many of their accustomed methods of practice and to modify former attitudes. This was equally true of the

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psychiatric social worker on the clinic team. It was necessary to make adaptations and embellishments in the basic case work approach to meet the specific needs and deal with the problems of retarded individuals in the community.

This paper is an attempt to evaluate and summarize some of the adaptations made by the psychiatric social worker at the Morris J. Solomon Clinic in the first two years of the clinic's operation. His function, as initially outlined, was similar to that of the psychiatric social worker in any good child guidance clinic. He assumed responsibility for clinic intake, obtaining a complete developmental and family history, evaluation of the family unit in the clinic planning, interpretation of findings to the family and the community, and guidance and management help. In addition to these functions he assumed some administrative responsibilities for the coordination of various aspects of the diagnostic workup.

"Two Steps Forward - - - "

As the first group of cases was processed, it became apparent that the majority of the families with retarded children at home, presented a variety of problems. Here were families who clinically showed marked rejection, hostility toward and extreme overprotection of the retarded child. The families showed a general tendency to withdraw from community contacts and to isolate themselves with the retarded child. There were intense sibling rivalries with severe reactions of embarrassment and hostility on the part of the older normal children in the family towards the retarded child. There were an unusual number of marital conflicts, parental feelings of inadequacy, guilt, and fear, and a whole range of personality and family maladjustments.

In a large proportion of the cases the retarded child effectively dominated the family. He was the despot who ruled the group. Everyone in the family catered to him. There were few limitations, fewer demands, and almost no control of the retarded child's behavior. Behavior difficulties seemed to be the predominant side effect of mental retardation.

It also became apparent very early in the clinic's experience that most of the children examined had capacities and capabilities which they were not utilizing. Many of them were capable of feeding themselves, could learn how to dress, and could assume responsibility for other self-care activities of daily living. Many of them unquestionably could make better social adaptations. They were not functioning at their maximum capacity chiefly because the parents were extremely overprotective. The parents had been led to believe that they could not expect their children to function, and so had never given them the opportunity to perform any independent activities.

The problem was to get the parents to stop treating these children as helpless infants and give the children the opportunity to "grow up." To some extent this overprotective reaction can be anticipated from any parents who have ill or handicapped children. These parents of mentally retarded children had been so frozen by frequent rejection of their problem by professionals and oft-repeated advice to institutionalize the child that though through the usual casework approach they gave intellectual recognition to their overprotection, they were unable to move from their ac-

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customed reactions and management patterns toward the child.

" - - - And One Backwards"

For example, take the case of Sandra, a seven year old retarded child, brought to the clinic with the complaint that she was extremely hyperactive, destructive, and impossible to manage. She had frequent temper tantrums with which she controlled the home and the parents most effectively. She had succeeded in getting the parents to care for her own personal needs, such as dressing and washing her, by the threat of this behavior, even though the parents knew that she was perfectly capable of doing all these things for herself. She had been rejected for admission to the special classes of the public schools because of this impossible behavior, which in turn increased the pressure and problems at home. Despite all of this the parents could not bring themselves to consider placement in a state school. Many individuals had previously attempted to convince the parents of the need for such a step.

On examination in the clinic, Sandra achieved a mental age of 4-4 (IQ 60), with evidences of higher capacities which were suppressed by the behavior and emotional problems. It was estimated that the child could attain a dull-normal level of functioning if it were not for this interference.

Subsequent diagnostic examinations including an neurological and psychiatric examination, ruled out organic factors and pointed to the family as the chief cause for the decreased functioning ability. A review of the family situation bore this out.

The father was a weak, inadequate individual, who periodically went on alcoholic and gambling sprees. He assumed no responsibility in the home, except for providing financial support. All decisions were made by the wife whose relationship to him was that of a tolerant mother who scolded the naughty little boy and forgave him. These "scoldings" of course were quite open and occurred in front of the child, who in turn felt she had a complete license to do whatever she wanted and disregard whatever was said to her.

Both of these parents were seen on a regular weekly basis for a period of four months. The father developed a good deal of insight into his behavior and began to get some understanding as to the way in which it affected the child. The mother on her part admitted that she could not carry the entire burden of the family by herself. Nevertheless, the parents were unable to make any important progress in changing their actions or their management of the child. It seemed that whenever they made any forward steps the child had a severe temper outburst, and immediately both parents were blaming each other as before.

Several things became clear from these initial experiences. First, though we were providing the parents with a greater insight into their own difficulties and into the manner in which these problems were interfering with the development of capacities which the child had, this insight was not being effectively translated into a living pattern of daily behavior. The child was still retarded and limited and continued to serve as a constant source of friction and reactivation of these conflicts. Second, progress was extremely slow, and in terms of the amount of professional time and personnel available, it would be an impossible task to keep up with the rest of the team in processing cases. Third,

the work with the parents failed to reflect itself in improved functioning with the children. It was clear that more effective methods would have to be evolved.

A few cases were selected in which marital conflicts existed prior to the birth of the retarded child, and were the chief stumbling block to the child's progress either in speech, or the training in activities of daily living. These cases were referred for help with the marital problem, to several of the community agencies, who had marital counseling facilities, with the understanding that our clinic would continue to work with the child. This method was also found to be ineffective. The problems did not lend themselves to separation and it only added to the confusion to have two agencies working with the family.

Reorientation

It was clear from the above experience that, for one thing, we had to set ourselves more limited goals. Since we were concerned with the development of capacities in the retarded child, our goal was limited to preserving or re-establishing a coherent and functioning family unit within which this could be achieved. We would satisfy curselves with attaining the point in treatment with the family at which they could act to permit the child to utilize the capacities which she had and was not using. The routine exploration of the unconscious and more basic psychological conflict material would have to be abandoned. Such material if explored would require extensive periods of treatment.

Further exploration and experimentation indicated that many of the personality difficulties and conflicts within the family were reactions to the presence of a retarded child in the family group. In a normal situation, many of these conflicts and difficulties would not have developed, or could have been dealt with effectively by the individuals involved. The retarded child accentuated and intensified these difficulties.

Nor did solution lie in placing these children elsewhere, or "curing" the retardation. Parents coming to our clinic did not want to place their children, and this was not our function. Secondly, there is no "cure" for most cases of mental retardation. A middle course, however, seemed to offer some hope. If the parents could be given successful practical experiences in achieving limited goals with their retarded children, these steps towards a "cure" could act as a further incentive, as a release for the feeling of complete frustration, and a possible way to relieve some of the tensions and conflicts that had built up around the retarded child.

Starting from this point of view, we were able to achieve some rather remarkable successes, as is illustrated by the following typical case:

"Two Steps Forward - - - - "

Mary was a three-and-a-half-year-old child, who had been referred to the clinic by the Domestic Relations Court, where the parents had taken some of their marital conflicts on several occasions. There had been some marital friction prior to the birth of Mary, but this friction had been accentuated by the problems Mary presented, to the point where there had been several separations, and continuous violent quarrels. When the parents came to the clinic asking for help for Mary, they could not agree on just what they wanted for her.

After clinical examination, Mary was found to have a mental age of 2-6 years (IQ 73). She was rated in the borderline range of intelligence, and it was felt that these test results were minimal, particularly because of several successes scored on the 3-6 year level and evidence that emotional factors were interfering with optimal functioning. Socially she was functioning below a two year level and was completely infantile and dependent. Her speech was limited to approximately 10 words and she was extremely fearful and insecure. There was little question but that she was retarded; however, the lack of development and utilization of her capacities within her own limits were equally apparent and seemed to stem from the continuous conflict and confusion at home.

When the diagnostic work-up was completed, the parents were called to hear an interpretation of the findings. They carried their marital conflict with them to the interview and tried to use the findings to accuse each other of being at fault in some way. They were unable to agree or accept a single point discussed in the summary of the findings, and finally the father decided that his child was not retarded at all but was merely reacting to his wife's mishandling. They were permitted to carry on this argument for a full 15 minutes and finally reached a point where the father threatened to leave home and the mother was encouraging him to do so. It was possible to get them to agree that this demonstration was a sample of their daily relationship at home and to point out to them its effect on the child. They did agree on one point, that they wanted the child at home and wanted to help her.

At the next two interviews which were also joint sessions (both parents present) two areas of management of Mary were selected—self-feeding and temper tantrums at bedtime. Both parents were able to agree that these were major problems and needed attention. The marital conflict was not entered into and not explored further. The discussions were confined to drawing up an elaborate and minutely detailed plan for getting Mary to feed herself (even to the point of the level of milk in a glass) and getting her to go to bed at a certain time at night without difficulty. With this elaborate planning there was little opportunity for arguments at home over details, and on the basis of the clinic evaluation of Mary there was assurance of almost complete success if the parents followed and adhered to the plan.

" - - - And None Backwards"

By the third interview the parents were like two changed persons. The plan had worked. Mary was eating by herself, and they had been working at it only three weeks. She still objected to going to bed, but there were no severe temper tantrums. Mary had added five new words to her vocabulary and no longer seemed so fearful. Most important of all, the parents had not quarreled in two weeks and said for the first time in their married life they were working together on something which they both wanted. They had been so involved and so busy in following our plan and watching for results that they suddenly realized they had enjoyed their hours at home together.

There was a fourth interview before the family went away for the summer for a family vacation, at which other

areas of management were discussed and outlined. On their return, the parents were enthusiastic about their own continuing good relationship. Mary was dressing herself, was playing with other children, was using sentences, was no longer fearful and seemed happy. Socially she was now functioning above a three-year-old level. The parents decided to try to continue the program by themselves to see if they could carry on without intensive outside help, and regular contacts were discontinued.

Three months later, when the situation was reviewed with the parents, the marital relationship continued to be a good one, and Mary was continuing to show progress. It was decided to try placement in a normal three-and-a-half-year-old nursery group (Mary was then a little over four), which on the basis of subsequent reports was working out extremely well.

The same approach, with modifications, was attempted in several other cases with similar successes. These experiences seemed to lend support to the basic thinking which had gone into developing this approach. The problem in these cases seemed not to be one of building personality strength or involving the parents in self-searching analysis. It was rather to show the way in which the suppressed and frustrated feelings of parenthood could be channeled and directed into progress for the child, even though such progress might be limited. This was arranged rather directly and with much more activity on the part of the worker than usual. Joint interviews with both mother and father (and in some cases with entire families) often became essential in order to work out a unified joint approach to the child. The living experience of working together on a specific problem of management was in many cases (such as the one described above) sufficient to relieve individual conflicts which had arisen between members of the family.

On the basis of these experiences, it would seem that the social worker should go beyond just helping parents to "accept" mentally retarded children. What is needed is concrete management help which will provide these parents with some measures of success as parents, however limited these successes may be. Helping them to teach a child how to drink from a glass can become as great an accomplishment and provide as much satisfaction to such a parent, as the parent of a normal child might find in seeing his son or daughter participate in a college commencement exercise.

Love may occasionally work miracles, but always it has to have something worth working on.

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30 CARDINAL REQUISITES

(*Continued from page 252*)

(27) A teaching-learning situation not over-controlled or over-guided by the hospital teacher.

(28) A wholesome and comfortable classroom, separate or apart from the bustle of normal hospital routine, conducive to good living and learning.

(29) A bedside teaching program giving away as quickly as possible to the hospital school or hospital class.

(30) A system of providing the hospital teacher with adequate supplies and the materials and tools of teaching and learning.

Attitudes toward Death and Future Life

AMONG NORMAL AND SUBNORMAL ADOLESCENT GIRLS

CHALMERS L. STACEY and MARIE L. REICHEN

IN an article by Stacey and Markin (3) the little explored area of individuals' thoughts, attitudes, and reactions toward death and their beliefs concerning an existence after death was studied in college students and penitentiary inmates. The present study is an attempt to extend further this knowledge to include subnormal and normal adolescent girls. More specifically, the hypothesis is that there are no significant differences between the subnormal and normal adolescent's attitudes toward death and a future life, and that they are both samples of a homogeneous population.

Method

The questionnaire used to investigate the attitudes of the two groups of adolescent girls was similar to that employed by Stacy and Markin (3). The items of this questionnaire were in turn selected from questionnaires used by Schilder and Wechsler (2) in studying children's attitudes and from Middleton's research (1) on college students. For the present study the items were expressed in simpler terms because of the limited intellectual capacity and reading ability of the subnormal girls. This revision was used on both groups, normal and subnormal. There were 36 items in the questionnaire. The responses to three of the 36 items could be answered by writing in the appropriate words; in the other 33 items the responses were indicated by checkmarks after the chosen answers. The number of possible answers varied from two, where the subject indicated affirmation or negation, to five, where the subject indicated the frequency of occurrence on a scale ranging from "never" to "very often." The following items are typical of the total 36 used in the questionnaire:

Do you ever think of some *one* disease which may cause your death?

Yes..... No.....

How often do you think of some *one* disease which may cause your death?

Rarely..... Sometimes.....

Often..... Very Often.....

What is the *one* disease you most often think of in connection with your own death?

.....

Would you like to know for sure or positively that there is a future life after we die or would you rather leave it as a matter of belief?

Know positively..... Belief.....

Did you ever make an attempt to commit suicide?

Yes..... No.....

Subjects

The questionnaire was administered to 75 institutional subnormal adolescent girls and to 75 normal adolescent high school girls. The mean ages of the two groups were 15 years, 11 months, and 15 years, 2 months, respectively; the

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age range for both groups was from 14 to 16 years. The intelligence level of the subnormal adolescent group, as measured by the Revised Stanford-Binet, Form L, ranged from an IQ of 50 to 79 with a mean of 65. The intelligence level of the normal adolescent group, as measured by various group tests ranged from average to superior. The distribution of religious denominations, Roman Catholic and Protestant, was similar in both groups.

Results

The number and percentage of the responses of each group of adolescent girls to the individual items of the questionnaire and the significance of the difference between groups were computed.

Of the 25 items allowing quantitative analyses 14 showed significant differences between the subnormal and normal adolescent groups at the one per cent level of confidence (C. R. diff. of 2.58 or above); five were significantly different at the five per cent level of confidence (C. R. diff. between 1.96 and 2.58); six were not significantly different at either the one or five per cent level. The following were the more important results obtained:

(1) The normal adolescent girls think of (S. A. G., 73 per cent; N. A. G., 92 per cent; C. R. 3.2*) and imagine their own deaths more frequently and vividly than the subnormal adolescent girls (S. A. G., 28 per cent; N. A. G., 52 per cent; C. R. 3.1).

(2) The subnormal girls think less often of being killed in an accident (S. A. G., 65 per cent; N. A. G., 80 per cent; C. R. 2.2) and more often of dying from a specific fatal disease (S. A. G., 72 per cent; N. A. G., 45 per cent; C. R. 3.4).

(3) More of the normal adolescent girls have attended funerals (S. A. G., 63 per cent; N. A. G., 83 per cent; C. R. 2.5), visited cemeteries (S. A. G., 65 per cent; N. A. G., 96 per cent; C. R. 4.6), and have seen a corpse (S. A. G., 68 per cent; N. A. G., 83 per cent; C. R. 2.1).

(4) More subnormal adolescent girls than normal ones enjoy stories about death on television (S. A. G., 56 per cent; N. A. G., 21 per cent; C. R. 2.9).

(5) The subnormal adolescent girls more often than the normal ones imagine death as painful (S. A. G., 43 per cent; N. A. G., 19 per cent; C. R. 3.2).

(6) The subnormal girls are more horrified by death than are the normal girls (S. A. G., 32 per cent; N. A. G., 9 per cent; C. R. 3.4).

(7) The subnormal girls who have attended funerals are more depressed by them than are the normal girls (S. A. G., 96 per cent; and N. A. G., 32 per cent; C. R. 6.7); and the same holds true for those who have visited cemeteries (S. A. G., 92 per cent; N. A. G., 31 per cent; C. R. 7.2).

(8) The normal girls more often think of being buried alive than do the subnormal girls (S. A. G., 0 per cent; N. A. G., 32 per cent; C. R. 6.0).

(9) Fewer of the subnormal girls than the normal girls ever wish they were dead (S. A. G., 45 per cent; N. A. G., 68 per cent; C. R. 1.97).

(10) The normal girls, in relation to the subnormal ones, less often wish for (S. A. G., 99 per cent; N. A. G., 75 per cent; C. R. 5.9), believe in (S. A. G., 97 per cent; N. A. G., 87 per cent; C. R. 2.3), and worry about (S. A. G.,

*S.A.G.—Subnormal adolescent girls
N.A.G.—Normal adolescent girls
C.R.—Critical ratio of the difference

44 per cent; N. A. G., 15 per cent; C. R. 3.9) a life after death.

(11) The subnormal girls would more often and more drastically change their manner of living than would the normal girls if they knew there was no future life after death (S A. G., 33 percent; N. A. G., 13 per cent; C. R. 2.8).

(12) A high proportion of both normal and subnormal girls dream of death (S. A. G., 39 per cent; N. A. G., 47 per cent; C. R. 1).

(13) The majority of both normal and subnormal girls report that they are not fascinated by death (S. A. G., 75 per cent; N. A. G., 77 per cent; C. R. 0), and that they do not enjoy reading stories about death (S. A. G., 85 per cent; N. A. G., 79 per cent; C. R. 1).

(14) A low proportion of both normal and subnormal girls have wished or desired the death of someone else (S. A. G., 24 per cent; N. A. G., 21 per cent; C. R. 0) and have considered or attempted suicide (S. A. G., 11 per cent; N A. G., 13 per cent; C. R. 0).

(15) A high proportion of both normal and subnormal girls prefer to have a belief in rather than proof of a life after death (S. A. G., 51 per cent; N. A. G., 61 per cent; C. R. 1.25).

Summary

The attitudes of two groups of adolescent girls, one normal and the other subnormal, toward death and a future life were measured by means of a questionnaire. A comparison of the proportions of both groups of girls who answered the individual items showed that out of 25 differences obtained, 14 were significant at the one per cent level of confidence, 5 were significant at the five per cent level, and six were not significant. Thus, 19 of the 25 differences, or 76 per cent, were significant at or above the five per cent level. This appears to be sufficient evidence to reject the hypothesis that there are no significant differences between the attitudes of the two groups toward death and a future life.

The subnormal adolescent girls, compared to the normal group, appear to be more emotional and fearful in their attitudes toward death; they think more about dying from a specific fatal disease; they are more horrified by death; they are more depressed by funerals and from visiting cemeteries; they would more often and more drastically change their manner of living if they knew there was no future life after death; and they more often wish for, believe in, and worry about a life after death.

The normal adolescent girls, compared to the subnormal group, think of and imagine their own deaths more frequently and vividly; they more often think of being killed in an accident; more of them have attended funerals, visited cemeteries, and seen corpses; they more often think of being buried alive; and more of them have wished they were dead.

About the same high proportion of the subnormal and normal adolescent girls dream of death; the majority of both groups report they are not fascinated by death and that they do not enjoy reading stories about death; about the same low proportion of both groups have wished or desired the death of someone else and have considered or attempted suicide; and about the same high proportion of both groups prefer to have a belief in rather than proof of a life after death.

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(3) Stacey, Chalmers, and Markin, Karl. "The Attitudes of College Students and Penitentiary Inmates Toward Death and a Future Life." *Psychiatric Quarterly Supplement*, Part I, 1952. 26:27-32.

SCIENCE . . . FOR THE GIFTED

(*Contined from page 250*)

program in the High School of Science has been fully described elsewhere.[13]

Conclusions

Many potential discoverers and creators are in our classrooms today. These like other gifted students are frequently neglected. Our primary responsibility is to identify promising children and young people and provide opportunities merited by their ability and interest and necessary for their full development. It is clear that a number of secondary schools are already engaging in a great movement to benefit these students. The combined effect of this renewed interest and endeavor promises to enrich the lives of many superior pupils and at the same time to contribute to the advancement of society through the contributions of capable leaders in science and other fields.

[13] Meister, M. and Odell, H. A. "What Provisions for the Education of the Gifted Students?" *National Association of Secondary School Principals Bulletin*. April 1951. 35:30.
Witty, Paul, ed. *The Gifted Child*. The American Association for Gifted Children. 1951. D. C. Heath and Co., Boston, p. 210-234.

Correction, Please:

A Journal article, *Legislation Affecting Special Education Since 1949* appeared in the Dec. 1951 issue, Vol. 18, No. 3. In the second paragraph following the subheading, "New Programs and Extended Services," pp. 65-66, is found a statement which inadvertently gives the impression that certain new Delaware legislation had been passed to establish an initial state program of special education.

Our attention has been called to the fact that a mandatory Delaware state program of special education has been in existence since 1939. The author and the Journal are happy to publish this correction.

The same person commented, also, on the author's treatment of the first "legal" provisions for public school programs for the "severely mentally retarded," p. 66. He states that certain department-of-public-instruction directives officially and legally recognized such programs prior to the specific state legislation mentioned in the article. Inasmuch as the author was dealing with the subject of state legislation, his failure to cite legal exceptions made under departmental directives is understandable. We cannot assume that he was either unaware of these exceptions or that he classed them as illegal. Therefore, the question seems to be one, primarily, of intent and semantics.

We mention the subject here merely to supplement the author's treatment rather than to make a correction, as such.

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New School for Cerebral Palsied Planned in Northern California

A NEW public residential school for treatment and education of cerebral palsied children is scheduled for completion by the end of 1954 on Lake Merced campus of San Francisco State College, to be built at an estimated cost of $869,000. It is planned to replace the Northern California School for Cerebral Palsied Children which has been operated since 1946 at Redwood City by the state department of education in close cooperation with University of California Medical School.

The new institution will serve as a boarding school for 32 of the most severely handicapped children in the northern part of the state, and will provide a research center for medicine at the University of California. Twelve or more day students will also be given care, treatment, and training.

The school building will be divided into three sections: a two-story portion including administrative and clinical offices, a school section composed of four large classrooms, physical and occupational therapy rooms, and a living area for the resident children.

The administrative and clinical wing will include offices for doctors, dentists, psychologists, neurologists, and speech treatment and social service work. A conference room, library workshops, administrative offices, and visiting parents' rooms are on the second floor.

Each class and activity room for the children is to be equipped with ramps, sand box, music and reading areas, and toy, clay, and block boxes. Large glass sliding doors will allow classrooms to be opened up on a paved area where tricycles may be ridden.

The physical therapy section includes a treatment room with treatment tables, mats, mirrors, and other corrective equipment. A carpentry shop and other facilities for manual learning and coordination are provided for occupational therapy.

The entire building has radiant-heated floors. Large glass wall areas and bright colors are freely used. A large playground equipped with hard areas for wheel toys, together with a playhouse, slides, swings, and other playground equipment will be provided.

Many of the children will come to the school from counties where no facilities are provided for the cerebral palsied. Most of them will remain at the state school for 14 to 15 months and will be given intensive therapy, and sometimes surgery, in an attempt to provide some degree of muscular coordination.

Teachers will be trained at the school in cooperation with San Francisco State College, University of California, Stanford, San Jose State, and Mills. The children will have the benefit of the latest teaching methods.

Following the intensive treatment at the state institution, most of the children will be placed in locally operated public school classes for cerebral palsied children. Others will receive continued care at home.

Costs should not keep communities from setting up a program. Family costs for a handicapped child, too, are much greater, but no family worthy of the name would repudiate the responsibility.

—ANNA M. ENGEL

Summer Courses in Special Education

SUMMER courses listed here deal specifically with some phase of special education. Cognate courses in psychology, testing, and the like are not included. The symbol "g" is included when courses are given for graduate credit only. When courses can be taken for either undergraduate or graduate credit, the symbol "b" is used. Numbers indicate semester hours unless a "q" is added indicating quarter hours.

Since changes in and additions to summer session plans are sometimes made later in the season, students are advised to contact the institutions directly for a final list of offerings.

ARIZONA

Arizona State College at Tempe, Tempe: Workshop in education of exceptional child 6g.

University of Arizona, Tuscon: Exceptional child in the regular classroom 2b, Problems in teaching of the mentally retarded 2b, Workshop in methods of teaching cerebral-palsied children 4-6b.

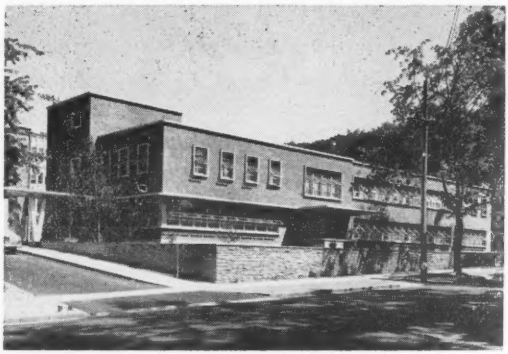
CALIFORNIA

College of the Pacific, Stockton 4: Psychology of the exceptional child 2, Practicum experience in the play therapy clinic 1-2, Advanced clinical psychology: graduate practicum course in the play therapy clinic 1-2, Musical guidance and therapy 2g, Musical therapy practicum 2g, Speech correction techniques 2, Speech therapy for the cerebral palsied 2, Clinical laboratory in speech correction 2, Diagnostic evaluation of speech and reading disorders 2, Clinical methods in speech correction 2g, Lipreading laboratory 1-3g, Seminar in speech pathology 2g, Advanced speech therapy for the cerebral palsied 2g, Advanced diagnostic evaluation of speech and reading disorders 2g.

Los Angeles State College of Applied Arts and Sciences, Los Angeles 29: Education and psychology of exceptional children 3b, Seminar in special education 3b, Organization and administration of special education 3b, Methods of teaching elementary retarded children 2b, Methods of teaching secondary retarded children 2b, Mental deficiency 3b, Workshop in arts and crafts for teachers of exceptional children 2b, Curriculum workshop for teachers of retarded children 6b, Education of brain-injured children 2b, Vision and vision screening 3b, Audiology 3b, Audiometry 3b, Workshop—development of communication skills for deaf children 6b, Introduction to speech therapy 3b, Clinical practice in speech correction 3b, Advanced speech correction 3g, Workshop—speech problems in the classroom 3b, Education and treatment of crippled children 3b, Education of hospitalized and homebound children 2b.

San Francisco State College, San Francisco 27: Education of exceptional children 3b, Arts and crafts for the handicapped 2b, Educational and vocational guidance of the handicapped 3g, Administration and supervision of special education 3g, Seminar in special education 3-6g, Special problems in education of exceptional children 3g, Student teaching in classes for mentally retarded 1-5b, Workshop in special education (mentally retarded) 3-6b, Ad-

Summer Session Program for Educators of EXCEPTIONAL CHILDREN



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- SPEECH CORRECTION
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vanced workshop in education of mentally retarded 6g, Physiology and hygiene of the eyes 2g, Workshop in education of children with impaired vision 1-6b, Student teaching in classes of partially sighted 1-3b, Education of children with impaired vision 4b, Workshop in education of blind children 3-6b, Student teaching in classes for the blind 1-2b, Education and methods of teaching blind 4b, Clinical practice with visually handicapped children 1-3b, Advanced problems in education of visually handicapped 3g, Advanced workshop for teachers of deaf and/or severely hard of hearing children 2,4 or 6b, Methods of teaching speech (lip) reading to the hard of hearing 2-3b, Audiometric testing and hearing conservation 2-3b, Clinical practice in speech reading with hard of hearing children 1-4b, American phonetics 2b, Better speech for classroom child and teacher 3b, Speech development and correction 3b, Advanced workshop in speech therapy 3-6g, Teaching the cerebral palsied child 3b, Clinical methods and observation in speech 3b, Survey of physical defects 3g, Advanced problems in teaching cerebral palsied 2g, Clinical practice with orthopedically handicapped 1-5g, Clinical practice in speech therapy 1-3g, Speech correction for the celebral palsied 3g, Student teaching for the physically handicapped 1-5b.

University of California, Berkeley 4: Exceptional child 2b, Principles of teaching the slow learner 2b, Speech disorders 2, Problems in speech disorders 2, Clinical practice in speech

therapy 2-4, Methods, techniques, and materials for speech correction and improvement 2, Phonetics applied to the correction of articulatory speech defects 2.

COLORADO

Colorado State College of Education, Greeley: Workshop for exceptional children.

University of Denver, Denver 10: Workshop in special education (physically handicapped) 5qb, Workshop in special education (mentally handicapped) 5qb, Arts and crafts for the handicapped child 2½qb, Education of the exceptional child 5qb, Psycho-educational therapy 5qb, Clinical practice—behavior problems 5-15 qg, Hearing aid design and fitting 5qb, Teaching speech and language to the deaf 5qg, The anatomical and physiological basis of speech 5qb, Speech pathology 5qb, Methods in speech and hearing 5qb, Supervised clinical practice in speech and hearing 5-10qb.

CONNECTICUT

New Haven State Teachers College, New Haven (To be held at Southbury Training School): Methods of teaching the trainable mental defective 3, Psychology of the trainable mental defective 3, Practicum in teaching the trainable mental defective 6.

Teachers College of Connecticut, New Britain: Reading workshop 3, Remedial reading 3.

University of Connecticut, Storrs: Techniques of diagnostic and corrective instruction 3g.

DELAWARE

University of Delaware, Newark: Social and emotional adjustments of children 3b.

DISTRICT OF COLUMBIA

Catholic University, Washington 17: Course for teachers of partially seeing and blind.

FLORIDA

Univeristy of Florida, Gainesville: Principles and practices for teaching handicapped children 3b, Administration and supervision of programs for exceptional children 3b, Materials and methods for teaching slow learners 3b, Therapeutic care of crippled children 3b, Correction of speech defects 3, Scientific bases of speech 3b, Applied phonetics 3b, Speech pathology 3b, Speech reading 3b, Seminar in speech pathology 3b, Seminar in clinical administration 3g, Clinical practice 3g.

GEORGIA

University of Georgia, Athens: English phonetics 5q, Survey of speech problems 5q, Diagnosis in speech correction 5qb, Advanced phonetics 5qb, Educational diagnosis and treatment of exceptional children 5qb, Education of children with retarded mental development 5qb, Education of children with motor handicaps and special health problems 5qb, Practicum (internship) in the education of children with motor handicaps and special health problems and in education of children with retarded mental development 5qg.

ILLINOIS

Illinois State Normal University, Normal: Laboratory reading methods 3, Art for exceptional children 3, Music for the exceptional child 3, Education of gifted children 3, Diagnosis and counseling 3g, Aural rehabilitation 3, Education of the mentally retarded 3, Psychology of the mental deviate 3, Workshop on curriculum and methods

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ORTHOPEDIC: Methods of Teaching Crippled Children, Education and Treatment of Cerebral-Palsied Children, Orthopedics for Teachers of Crippled Children, Physical Reconstruction, Observation and Student Training.

CEREBRAL PALSY: Special six-week workshop course which will include lectures by staff of National Society for Crippled Children and Adults. Write for special bulletin.

GENERAL: Principles of Vision and Hearing, Mental Hygiene, Speech Correction, Education of Exceptional Children, Measurement and Evaluation in Special Education, Parent Education.

NON-CREDIT FEATURES: Institute for Parents of Mentally Handicapped Children, sponsored by Michigan Association of Parents and Friends of Mentally Retarded Children.

Institute for Parents and Preschool for their Cerebral Palsied Children, sponsored by Michigan Society for Crippled Children and Adults.

One-day Conference on Cerebral Palsy, sponsored by Michigan Society for Crippled Children and Adults.

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DR. VIVIAN I. HARWAY
Acting Director of Special Education

for the mentally retarded 3, Education of the partially sighted 3, Sight-saving problems 3, Education of the physically handicapped 3, Camp experience with physically handicapped 3, Speech clinic 3, Speech reading 3, Clinical practice in speech re-education 1-6g, Student teaching (differentiated according to area of major specialization) 5, Individual professional experience 2g.

Northern Illinois State Teachers College, DeKalb: Advanced clinical practice in speech and hearing, Introduction to speech pathology, Directed individual study in speech correction and hearing.

Northwestern University, Evanston: The gifted child 3qb or 2b.

Southern Illinois University, Carbondale: Education of mentally retarded 4b, Exceptional child 4b, Principles and methods of teaching lipreading 4b, Organization, administration, and supervision of special classes 4g, Seminar in guidance of vocationally handicapped 2g, Practice teaching with mentally retarded 8, Practicum in special education 8g, Workshop-counseling the handicapped b, Phonetics 4, Speech correction I 4, IV 4b, Technique and interpretation of hearing tests 4b, Readings in speech pathology 1-4g, Seminar in speech correction 3g, Research problems in speech 1-4g, Anatomy and physiology of the speech-hearing mechanism 4g.

University of Illinois, Urbana: Workshop on the education of mentally handicapped children (for teachers of educable or trainable mentally handicapped children) 4-8b (1-2 units), Mental and educational measurement of exceptional children 3b (1 unit), Clinical educational diagnosis (special techniques in the diagnosis of educational disability) g (1 unit), Problems in mental deficiency g (1 unit), Psycho-educational problems of exceptional children g (1 unit), Speech correction 2-4b (½-1 unit), Clinical practice in speech correction b (½ unit), Audiometry and the use of hearing aids b (½ unit), Advanced clinical techniques in speech and hearing (Work to be taken in a special clinic) g (1-2 units), Seminar in organic speech disorders g (1 unit).

INDIANA

Butler University, Indianapolis 7: Workshop in special education 2b, Psycho-social needs of exceptional children (educating retarded and gifted children) 3b, Classroom teacher and the exceptional child (introduction to exceptional children) 3b.

Indiana State Teachers College, Terre Haute: Introduction to speech therapy 4q, Speech correction for classroom teacher 4q, Psycho-physics of sound 4qb, Speech therapy II 4qb.

Indiana University, Bloomington: Speech pathology I 3, II 3, Audiometric testing and psychophysics of sound 3, Principles and methods of teaching lipreading 3, Clinical practice 3, Seminar in aphasia 3, Clinical methods in remedial reading 3, Directed observation in reading clinic (with exceptional children) 3g, Supervised work in the reading clinic (with exceptional children) 4g, Survey on education of exceptional children 3g, Research in special education g, Master's thesis in special education g.

IOWA

Iowa State Teachers College, Cedar Falls: The retarded child 3b, The gifted child 3b, The exceptional child 3b.

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State University of Iowa, Iowa City: Workshop in public school stuttering therapy 2.

KANSAS

Kansas State Teachers College of Emporia, Emporia: Survey of exceptional children I 2g, II 2g, Methods, materials, and the organization of teaching mentally retarded I 2g, II 2g, Reading and allied skills for slow learners 2g, Diagnosis and remedy of reading disabilities 2g, Supervised practice with the mentally retarded I 3g, II 3g. Workshop for teachers and supervisors of mentally retarded children.

Kansas State Teachers College, Pittsburg: Techniques of instruction for exceptional children I 3b and II 3b, Education of exceptional children 3b, Psychology of exceptional children 3b, Summer conference.

University of Kansas, Lawrence: Clinical problems in education 2g, Laboratory practice in clinical problems 1-6g, Speech problems for the classroom teacher 3b, Introduction to speech pathology 3b, Clinical practice (speech disorders) 1-2g.

KENTUCKY

University of Kentucky, Lexington: Workshop in guidance and instruction of physically handicapped 3, sponsored by United Cerebral Palsy Assn.

MARYLAND

University of Maryland, College Park: Introduction to special education 2b.

MICHIGAN

Horace H. Rackham School of Special Education, Michigan State Normal College, Ypsilanti: Education and social control of mental deviates 2g, Methods of teaching mentally retarded children 2b, Curriculum problems of mentally handicapped 2b, Student teaching in mental deficiency 2, Education and treatment of cerebral palsied children 2g, Orthopedics for teachers of crippled children 2g, Methods of teaching crippled children 2b, Physical reconstruction 2, Education of exceptional children 2b, Measurement and diagnosis in special education 2g, Parent education 2g, Speech correction 2, Fundamentals of vision and hearing 3. Intensive two-week workshop for teachers of the deaf and hard of hearing (credit offered). Institute for parents of mentally handicapped children sponsored by Michigan Assn of Parents and Friends of Mentally Retarded Children. Institute for parents and preschool cerebral palsied children to be sponsored by Michigan Society for Crippled Children and Adults. One-day conference on cerebral palsy.

University of Michigan, Ann Arbor: Administration and supervision of special education 2g, Education of exceptional children 2b, Education and control of mental deviates 2g, Education of the hospitalized child 2b.

Wayne University, Detroit: Survey on education of exceptional children, Seminar on guidance for the handicapped, Workshop on exceptional children, Problems and methods in teaching slow learning children, Practicum on development of curriculum materials for special classes, Adjustment and control of the mentally handicapped. Mental deficiency, Methods of teaching speech reading, Tactile development of speech for the deaf, Language development for the older deaf child, audiometric testing, Convalescent and home care and education of handicapped children, Personality disorders and education of brain-injured children, Clinical services for cerebral palsied children and adults, Pathology of the organs of vision, Problems and procedures in sight-saving, Speech correction, other courses to be scheduled later.

MISSOURI

Northeast Missouri State Teachers College, Kirksville: Workshop in the education of mentally retarded 1½b.

MONTANA

Eastern Montana College of Education, Billings: Speech correction workshop for elementary teachers 3.

NEBRASKA

University of Nebraska, Lincoln 8: Workshop in cerebral palsy 1-6b, Psychology of exceptional children 3b, Speech pathology 3b, Mental measurements including diagnosis of special conditions 3b, Seminar in exceptional children 2b, Seminar in phonetics, speech pathology and audiology 3b.

NEW JERSEY

New Jersey Teachers College at Newark, Newark 4: Speech correction 2, Speech pathology 3, Principles of teaching handicapped children 2, Reading disabilities 2, Arts and crafts for slow learners 3, Materials and methods for teaching slow learners 3.

NEW YORK

Hunter College, New York 21: Mental, social and vocational adjustment

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State University of New York College for Teachers, Albany 3: Problems of fast and slow learners 2g.

Syracuse University, Syracuse 10: Mental, social and vocational guidance and adjustment of physically and mentally handicapped 3b, Education of crippled children (theory) 3b, (practice) 3b. Workshop in the problems of the palsied child 2b, Education of cerebral palsied children 3b, Orthopedics for teachers of crippled children 3b, Psychology of exceptional children 3, Occupational education for children with retarded mental development 3b, Education of young children with retarded mental development 3b, Education of young children with retarded mental development (practice) 3b, (theory) 3b, Education of intermediate children with retarded mental development (practice) 3b, Teaching reading to slow-learning children 3b, Manual skills and analysis of job areas 3b, Education of children with retarded mental development in the secondary school 3b, Education of partially seeing children (theory) 2b, (practice) 2b, Educational implications of visual impairments 2b, Development and education of the preschool blind child 3b, Introduction to speech and hearing disorders 3b, Hearing aids and auditory training 3b, Teaching of speech to the deaf and hard of hearing 3b, Education and development of children with impaired hearing (theory) 3b, (practice) 3-6b, Articulation and voice disorders 3b, Stuttering and allied disorders 3b, Clinical methods and practice in speech and hearing therapy 3-9b, Speech and language problems of cerebral palsy 3b, Education of gifted children 3b, Psychology of exceptional children 3g, Workshop in the administration and supervision of special education 2g, Psychology of mental retardation 3g.

Teacher's College, Columbia University, New York 27: Introduction to special education 2-3g, Case work and guidance of the handicapped 2-3g, Teaching the slow-learners 2-3g, Problems in special education 1-4g, Psychology and education of gifted children 2-3g, Counseling the parents of handicapped children 2g, Administration and supervision of special education 3g, Psychology of mentally retarded children 2-3g, Programs, methods, and materials for teaching the mentally retarded 2g, Programs, methods, and materials for teaching the mentally deficient 2g, Observation and participation in an educational program for the mentally retarded (ages 7-12 2-3g) (ages 12-16 2-3g), Observation and par-

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20 CHILDREN HEAR 1ST TIME

Deaf Get Thrill of Lives with New Aid

BY JOHN THOMSON

A new life opened yesterday for children at the Ephpheta School for the Deaf, 3150 N. Pulaski rd., where for the first time many heard a human voice, and music and laughter entering their usually silent lives produced smiles, giggles, and wonderment.

For about 20 youngsters used by school officials in a demonstration of a new auditory training unit which develops high, clear volume without distortion, and for others who will use the unit, it was an eventful day. It meant the world of sound may replace the world of silent lip reading and sign language to which they are accustomed.

Listen Thru Head Phones

The auditory training unit, developed by Jay L. Warren, Inc., of Chicago, will enable many children not only to know sound and to help develop their speech, but will enable them to take part in a home life as normal as possible considering their hearing deficiencies, school officials said.

Each child listened thru a set of headphones, which transmits the sound from a central unit which is a combination radio, phonograf, and speech unit. The headset is operated by dual controls, enabling the child to adjust the volume to each ear so that when both receivers are tuned the sound will come thru both ears as thru one.

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Six children who had suffered a 50 to 75 per cent loss in hearing donned the headphones while Miss Dorothy Coughlan, a speech teacher, played a laughing record on the phonograf. They broke into smiles and giggles as they sat listening intently.

Another group which had a 90 to 95 per cent hearing deficiency showed lesser results. Some were able to hear, others heard indistinctly. Miss Coughlan said hearing conditions vary with each child, tho they be in the same deficiency range. Some may not hear at all even with the new unit, but teachers hope that with training they will eventually be able to distinguish sounds.

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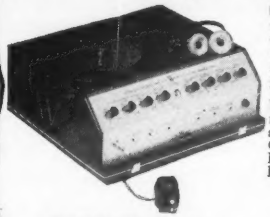

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ticipation in a program for mentally deficient children 2-3g, Tests and remedial work for the mentally retarded 2-3g, Occupational education for the mentally retarded 2-3g, Occupational skills for the mentally retarded 2-3g, Psychology of the Physically handicapped 2-3g, Health problems of physically handicapped children 2-3g, Education and care of physically handicapped children 2-3g, Education and care of the cerebral palsied child 2-3g, Techniques for functional living with physical disabilities 2g, Auditory and vocal mechanisms 2-3g, Methods of teaching lipreading to the hard of hearing 2g, Measurement of hearing I 3g, Audiology 3g, Auditory training for the hard of hearing 3g, Auditory training and nursery and preschool work with the deaf 3g, Speech for the deaf 3g, Work conference on audiometry in education and industry 3g, or without credit, Field workshop in rehabilitation teamwork 3g or without credit.

Western Carolina College, Cullowhee: Arts and crafts for the handicapped child 3b, Problems, materials and methods in teaching slow-learning children 3g, Problems of maladjustment among children 3b, Hard of hearing child 3b, Speech handicapped child 3b, Crippled child 3b, Audiometric testing and hearing conservation 3b, Mental deficiency 3g, Clinical practice with exceptional children (speech difficulties) 3-6g, Observation and practice teaching in special education (slow learning) 3g, Social treatment of the mentally retarded 3g, Introduction to exceptional children 3.

OHIO

Bowling Green State University, Bowling Green: Slow-learning child 2-3b.

Kent State University, Kent: Techniques of teaching speech to the deaf 3b, Techniques of teaching language to the deaf 5b, Techniques of teaching reading to the deaf 5b, Psychology of mentally retarded children 5b, Methods and materials for slow learners 3b, Administration of special education 3b, Methods and materials for gifted children 3b, Demonstration classes for student observation.

Ohio State University, Columbus 10: Workshop on education of crippled children 4qb, Advanced workshop on education of slow learning children 4qb, Workshop on speech for classroom teachers 4qb.

OREGON

Oregon College of Education, Monmouth: Diagnostic and remedial instruction in reading 3, Clinical practice in reading 3, special education 3, Basic principles and techniques in speech correction 3, Clinical practices in speech 3, Phonetics 3.

University of Oregon, Eugene: Psychology of exceptional children 4g, Maladjusted child 4g, Mentally handicapped child 4g, Psycho-educational clinic 4-6g, Diagnostic and remedial techniques 3g, Gifted child 4g, Workshop: The gifted child, Speech defects and disorders 4g, Clinical methods in speech correction 4g, Rehabilitation of the hard of hearing 4g.

PENNSYLVANIA

Pennsylvania State Teachers College, California: Psychology of exceptional children 3, Teaching slow learn-

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ers 2, Student teaching—slow learner, Clinical practice 3, Arts and crafts for exceptional children 6.

The Pennsylvania State University, State College: The education of exceptional children 3b, Education of the mentally retarded 3b, Problems in the education of the mentally retarded 3g, Education of the mentally gifted child 3b, Practicum in the education of the mentally gifted 3b, Juvenile delinquency 3, Creative art for the handicapped 3g.

University of Pennsylvania, Philadelphia 4: Diagnosis and correction of reading disabilities g, Introduction to speech correction, Field Work in personality adjustment, Clinical field work in testing, Clinical field work in speech correction.

University of Pittsburgh, Pittsburgh 13: Techniques of diagnostic and preventive instruction in reading 2b, Advanced reading laboratory 2b, Psychology of exceptional children 2b, Handwork for special classes (orthopedic 2-6b) (mentally retarded 2-6b), Methods of teaching special classes (orthopedic 2b) (mentally retarded 2b), Student teaching for orthopedic classes 2b, Workshop on guidance of teen-agers and adults with cerebral palsy 4b, Field work in speech correction and audiology 2g, Clinical practice in audiology g, Clinical practice in speech correction g, Speech problems 3b, Speech reading and auditory training 2b, Testing of hearing 2b, Clinical methods in speech correction 3g, Student teaching for orthogenic (mentally retarded) classes 2-6b, Workshop on training uneducable mentally retarded

children 2b, Speech problems of the classroom teacher 2b, Techniques of diagnostic and preventive instruction in reading 2b.

TENNESSEE

George Peabody College for Teachers, Nashville 5: Workshop for teachers of the mentally retarded 8b, Workshop for teachers of children with crippling and special health conditions 8b, Exceptional child 4b, Speech correction for classroom teachers 3b, Supervised teaching in audiology and speech correction b, Development of preschool deaf child 3b, Speech problems 4b, Testing of hearing 4b, Stuttering 3b, Organic speech disorders 4b, Advanced clinical study and practice of speech and hearing 2g.

TEXAS

Southwest Texas State Teachers College, San Marcos: Workshop in problems of sight conservation 3, Workshop in advanced speech pathology 3, Methods in phonics for the classroom teacher 3, Workshop in methods and materials for the mentally retarded 3g, Basic course in speech correction 3, Clinical practice with speech defective children 3, Survey course in education of exceptional children 3g, Methods of teaching handicapped children 3g, Workshop in teaching of the orthopedically handicapped 3, Speech correction for the classroom teacher 3, Individual and group testing of exceptional children 3g, Supervised practice teaching with mentally retarded children 3g.

The University of Texas, Austin: Education of exceptional children 3b, Speech problems of exceptional children 3b, psychology of subnormal children 3b, Principles of teaching mentally retarded 3b, Teaching reading to slow learners 3b, Therapeutic care of crippled children 3b, Workshop in education of the blind (under the auspices of American Foundation for the Blind) 2b, Techniques of teaching braille 1b, Physiology of the eye and eye hygiene 1b, Workshop in cerebral palsy (basic) 6g, Workshop in cerebral palsy (advanced) 3g, Special education techniques 3g, Seminar in special education 3g, Internship in special education 3g.

VERMONT

University of Vermont and State Agricultural College, Burlington: The gifted child 3g.

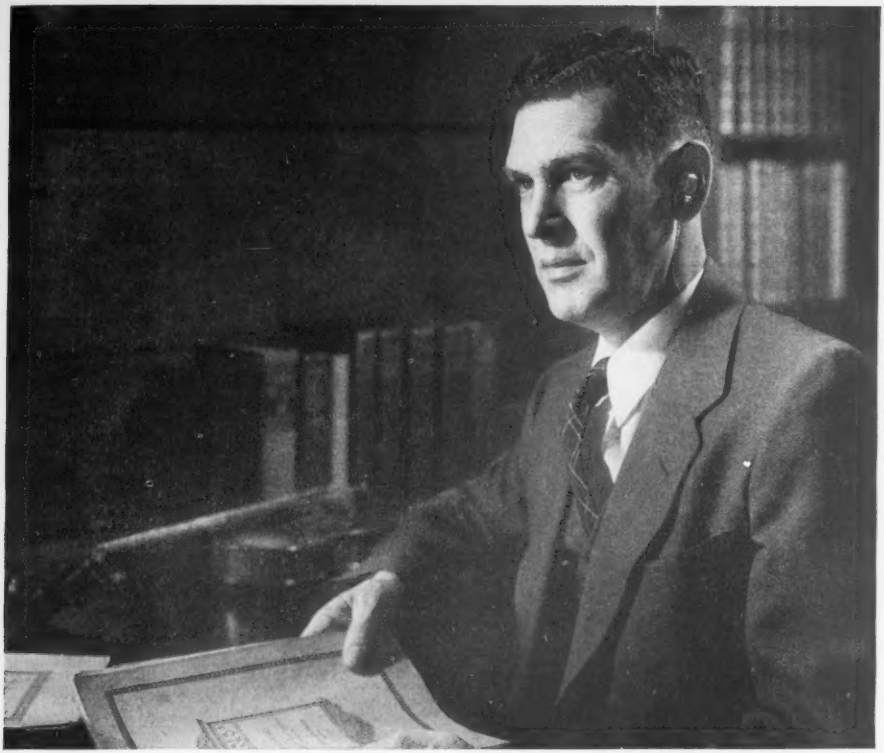
VIRGINIA

Virginia State College, at Virginia State School for the Deaf, Hampton: Psychology of exceptional Children 3b (at Petersburg campus), The manual alphabet and the language of signs 3b, Teaching of speech to the deaf 3b, Seminar in the education of the deaf 3b, Curriculum and instruction in schools for the deaf 3b, Internship for teachers of the deaf 3b, Thesis 3-6g.

WISCONSIN

University of Wisconsin, Madison 6: Exceptional child 3b, Hearing rehabilitation 3b, Remedial reading 3b, Practice in psycho-educational clinic 2-4g, Practice in reading clinic 4g, Correction of speech disorders 2, Advanced correction of speech disorders 2b, Language disturbance related to brain injury 3b, Advanced clinic 1-3b, Seminar in speech pathology 2g.

Wisconsin State College, Milwau-



PROFESSOR CHARLES N. STAUBACH, *Department of Romance Languages, College of Literature, Science and the Arts, University of Michigan, Ann Arbor, Michigan. Professor Staubach is a talented musician, and has played 1st violin in the Ann Arbor Civic Symphony Orchestra and other instrumental groups.*

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kee 11: Workshop in the education of the mentally retarded 6b, Workshop in the education of cerebral palsied children 6b, Workshop in speech and language problems of deaf children 6b, Reading difficulties in school children and reading clinic 3-6b, Psychology and education of exceptional children 3, Phonetics 3, Institute for visually handicapped children and their parents.

OUT OF THE CLASSROOM

Jo Kelly and Marguerite Rapson

INTERPRETING THE EXCEPTIONAL CHILD TO THE COMMUNITY

Raising money to promote recreational projects for exceptional children is not new. However, the Massachusetts Special Class Teachers Association used their Chicopee Camp Fund Drive to acquaint the community with the meaning of the term, "exceptional child." As much effort was given to answering the question, "What do you mean by 'Exceptional'?" as was given to raising funds.

The camp fund was enriched by some $1500. The enlightened interest of the community defies material evaluation.

—NEWSLETTER, December 1953. Massachusetts Special Class Teachers Association.

How many times have you groped for the precise word and idea to use in reply when well-meaning citizens spoke condescendingly of crippled children as "victims" or "cases"? For a clear, objective statement, look up the October 1953 issue of *Today's Health* and read "What the Handicapped Want," by Dr. John Eichenlaub.

The same issue also records some practical suggestions in "For Homemakers with Heart Trouble," by Anne Holder Broden.

FOR THE REGULAR CLASSROOM TEACHER

How can the regular classroom teacher become acquainted with problems of children with impaired hearing? What suggestions will be of most value to her in working with these children?

The State of Illinois has answered these questions in an attractive, informative two-page bulletin, *He Listens with His Eyes and His Ears. Special Education Leaflet No. 4.*

In addition to achieving its immediate purpose, it may also stimulate others to similar efforts in other areas of special education.

The bulletin may be secured from the Superintendent of Public Instruction, Division of Education for Exceptional Children, Springfield, Ill.

CHEMICAL GARDENING

Nutriculture, or chemical gardening is an interesting variation of gardening which lends itself especially well to small space. The principle of nutriculture is basically that of supplying to seeds in a soilless matrix (coarse gravel) those chemical elements that would be found in good soil.

It is not a new procedure, experiments having been conducted in France as early as 1840. More recently, the technique was used by the army during World War II on isolated coral islands in the Pacific and where soils were contaminated.

For young children, nutriculture can be an ordinary garden project. As the age level of the group increases so also does the potential richness of the project. The chemical garden demonstrates the relationship of soil components to plant growth.

Children in the University Hospital School, Ann Arbor, Mich., began an experiment in nutriculture toward the end of March and continued until frost. They prepared the physical set-up for the garden which was located on the roof of the hospital. Supplies assembled included:

Assorted tin cans
Large sand box 5″ deep
Coarse gravel
Seeds
Chemicals
Two glass five-gallon containers
Assorted tables or stands
Flower pots, assorted sizes
Set of measuring spoons (kitchen variety; or gram balance

The cans and tables were painted and drainage holes were made near the bottom of the cans. Seed catalogues and packets were studied for planting instructions and the garden mapped out. Onions and beans were started inside, well before the frost-free date.

After some discussion of soil and plant growth, the nutriculture method was explained. The children examined the chemicals and were shown how to mix five gallons of the nutrient solution at a time, measuring the chemicals accurately. The chemicals are inexpensive common salts. The six major elements are potassium, calcium, magnesium, nitrogen, phosphorus, and sulphur.

Seeds are planted and tended by ordinary methods, the only difference being that nutrient solution is used in place of water.

Small quantities of many vegetables proved of greatest interest to the children. Many had never seen how vegetables grow and were almost

Every child
has special needs . . .
is exceptional in some respects

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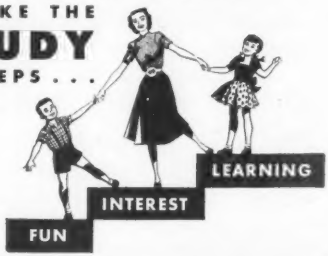

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ecstatic when they were able to pick, wash, and eat - - - - - - an onion!

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Mrs. Mildren Walton, Director
University Hospital School
Ann Arbor, Michigan

—HARVEY L. KATCHAN, *teacher, University Hospital School.*

FILMS ON HEARING AND SPEECH

From replies to a questionnaire sent by the American Hearing Society to as many sources of information as feasible, data on 16 mm films in the field of hearing and speech have been compiled. Films may be purchased direct from the producer or often may be borrowed (free or on a rental basis) from producers and film libraries.

Write to the American Hearing Society for complete descriptions, names and addresses of places where films may be obtained.

Ears and Hearing, The
Ears That Hear
Education for the Deaf
Eyes That Hear
Fundamentals of Acoustics
How the Ear Functions
How We Hear
How We Hear and How We Speak
How Well Can You Read Lips?
Human Voice
Life Situation Motion Pictures
Listening Eyes
New Voices
Nose, Throat, and Ears
Pay Attention
Right to Hear
That the Deaf May Speak
Visual Hearing
What is Sound?
You Can Hear Again
Your Children's Ears
Your Ears
Your Ears and Noise
Your Voice

—HEARING NEWS. *Reprint No.* 250, American Hearing Society, 817 14th St., N.W., Washington 5, D.C.

FREE PICTURES IN PAIRS

Pictures of words that rhyme make an excellent introduction to ear training. The pictures used by Ethyl Gasoline for advertisements are a convenient source of such pictures. That set includes about 24 pairs of pictures.
—RUTH ANN COULTER, *Galesburg, Ill.*

Disquieting trends in juvenile delinquency found by the Youth Study Center of Philadelphia are:

(1) Increased seriousness in the type of juvenile crime. Boys of 10 are committing the type of burglaries and hold-ups that boys of 15 or 16 used to do, and boys of 15 are being arrested for the kind of crimes that used to be committed by youths of 20.

(2) An increased percentage of emotional disturbances in delinquent girls.

(3) Evidence that these youth were increasingly unable to maintain a pattern of continued progress toward a chosen goal.

Your Easter Seal contributions make it possible for children to enjoy the services of therapists like the one shown above.

Volunteer and professional workers of the Easter Seal societies operate or are now developing 847 services and facilities. Included among them are:

135 diagnostic and evaluation clinics

181 out-patient treatment-training centers, rehabilitation centers and curative workshops

10 residential facilities such as convalescent homes

33 itinerant therapy programs

66 additional centers assisted by Easter Seals

153 public school treatment units assisted

117 speech programs

50 resident camping programs

53 day camps

43 sheltered workshops and homebound employment programs

33 craft outlets

29 planned treatment centers

16 programs in special education

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I.C.E.C. FAMILY ALBUM

Edgar A. Taylor

Arthur S. Hill

Elizabeth M. Kelly

Godfrey D. Stevens

Claragene M. Cobb

Edgar A. Taylor, Jr., who was appointed supervisor of Portland Public Schools special education division in September, comes from California where he helped to establish ICEC's San Diego County Chapter and worked with the first California state ICEC newsletter. The April 1953 *Exceptional Children* carried one of his recent articles on finding classrooms for the mentally retarded.

Arthur S. Hill, who recently left his post as chief of US Office of Education's Section on Exceptional Children and Youth to become educational director of United Cerebral Palsy, Inc., is a long-time member of ICEC. He has served the Council as president, and is an associate editor of *Exceptional Children*, chairman of the committee on interagency relations and a member of the legislative committee.

Elizabeth M. Kelly, director of special education in Newark, N.J., schools, is chairman of the Council division of administrators, supervisors and coordinators of special education programs in local school districts. Dr. Kelly has long been active in Council circles and in special education both at the state and national level. She is an associate editor of Exceptional Children.

Godfrey D. Stevens, administrative supervisor of the division of special education in Cincinnati Public Schools, is program coordinator for this year's International convention in Cincinnati. Dr. Stevens is author of many articles on the problems of the mentally retarded. He was formerly in charge of training teachers for the mentally handicapped at Milwaukee State Teachers College.

Claragene M. Cobb, president of Texas Council for Exceptional Children, and one of the hostesses at the recent Christmas Regional in Houston, is a teacher of speech education in Decatur, Texas, and has acted as coordinator of special education for Wise County. Before becoming interested in special education she had been a city and rural teacher and a teacher educator for regular classes.

Apologies to *T. Ernest Newland* for mis-identifying him in the December journal. Dr. Newland is, of course, associate professor of education at the University of Illinois.

SUMMER SESSIONS, TAKE NOTE!

Your students will be interested in these Journal reprints

Brownell, Katherine Dodge. **The Child with Rheumatic Fever or Heart Disease.** 8p.

Chapin, Amy Bishop. **Parent Education for Pre-School Speech Defective Children.** 6p.

Cruickshank, William M. and Dolphin, Jane E. **The Educational Implications of Psychological Studies of Cerebral Palsied Children.** 9p.

Cutts, N. E. and Mosely, Nicholas. **Classroom Teachers Can Help Maladjusted Children.** 4p.

Greenberg, Harold A. **Problems of Parents of Handicapped Children.** 8p.

Harkins, Cloyd S. **Rehabilitation of the Cleft Palate Person.** 9p.

Hume, A. Clare. **Helping the Left-Handed Child.** 4p.

LaValli, Alice, and Runge, Lillian. **Teaching Slow Learners to Read Common Signs.** 4p.

Laycock, S. R. **Helping Parents to Accept Their Exceptional Children.** 5p.

Leventhal, Eugenia G. **Positive Factors in a Multiple Grade Classroom for the Physically Handicapped.** 6p.

Levy, Joseph H. **A Study of Parent Groups for Handicapped Children.** 6p.

Nelson, Mary S. and Stevens, Godfrey D. **Preschool Services for Visually Handicapped Children.** 4p.

Pritchard, Miriam. **Total School Planning for the Gifted Child.** 16p.

Sharp, Heber C. **Glutamic-Acid Feeding.** 5p.

Yauch, Wilbur A. **The Role of a Speech Correctionist in the Public School.** 5p.

These reprints may be obtained from ICEC
1201 16th St., N.W., at the following prices:

4-page reprints—single copy 15c, each additional copy 5c, 100 copies $2.85
5-8 page reprints—single copy 20c, each additional copy 9c, 100 copies $5.20
9-16 page reprints—single copy 25c, each additional copy 16c, 100 copies $9.00

Jane E. Dolphin

Compiled with the Assistance of the Library, National Society for Crippled Children and Adults, Chicago.

NEW BOOKS BRIEFLY NOTED

DUDLEY, NANCY. *Linda goes to the hospital,* by Nancy Dudley; illustrated by Sofia. 1953. 48 p., illus. Coward-McCann, New York, N.Y. $2.

Linda's first visit to the hospital, appealingly illustrated, explains through the medium of the story many of the routine procedures which might frighten the child in strange surroundings.

RIESE, WALTHER. *The conception of disease; its history, its versions and its nature.* 1953. 120 p. Philosophical Library, New York, N.Y. $3.75.

"The part played by civilization in disease is treated in its anthropological and moral implications....The author finally brings up the problem of the justification, the use and the limitations of the various conceptions of disease...."

THOMASSEN, ROLF. *Beyond today,* by Rolf Thomassen; translated by Torgrim and Linda Hannaas. 1953. 163 p. Augsburg Publishing House, Minneapolis, Minn. $2.50.

This autobiography, a best seller in its Norwegian and Swedish editions, is now available in English translation. Rolf Thomassen was born with cerebral palsy and for more than 50 years has demonstrated his courage in overcoming the resulting handicaps. Unable to use his hands or to walk, he taught himself to paint, holding the brush in his mouth. He plays the zither, holding the plectrum in his mouth, and types with a stick strapped to his chin. His paintings are to be found in many homes and public buildings. This is the story of his happy life at home, of months spent at a rehabilitation center in Oslo, and of the several years he lived at the Disabled People's Home in Bergen.

TREDGOLD, A. F. *A text-book of mental deficiency (amentia),* by A. F. Tredgold, assisted by R. F. Tredgold; 8th ed. 1952. 545 p., illus. Williams & Wilkins Co., Baltimore, Md. $7.50.

A number of revisions and additions have been made to bring this 8th edition of an English textbook on mental deficiency up to date.

WITTENBERG, RUDOLPH M. *How to help people; the mental hygiene approach in your work with youth.* 1953. 64 p. Association Press, 291 Broadway, New York 7, N.Y. $1.

A condensation of the author's *So You Want to Help People.*

For the volunteer leader of young people's groups, this book answers many questions on programming, discipline, supervision, the advisability of competition, and how to handle personal problems of adolescents.

PERIODICAL ARTICLES AND PAMPHLETS

Auditory Impairments

AMERICAN INSTRUCTORS OF THE DEAF. "Panel on publications and public relations; convention of...Washington State School for the Deaf, Vancouver, Washington, June 28 to July 3, 1953." *Am. Annals of the Deaf.* Sept. 1953. 98:4:358-379, 382-388.

Speakers and their subjects were: Parents of deaf children, Harriet Montague; The classroom teacher, Mrs. Laura Crosby; The school administrator, Roy Moore Steele; Higher education, Leonard M. Elstad; The adult deaf, James N. Orman; Vocational rehabilitation, Boyce R. Williams; Research, Richard G. Brill.

EMPEY, MARGARET. "Pure tone audiometry with young children; a procedure for detecting small losses of hearing." *Volta Rev.* Nov. 1953. 55:9:439-442.

Factors influencing success with children

under five years of age are discussed briefly and techniques of testing described.

GRAHAM, E. ELLIS. "Use of the performance scale of the Wechsler Intelligence Scale for Children with the deaf child," by E. Ellis Graham and Esther Shapiro. *J. Consulting Psych.* Oct. 1953. 17:5:396-398.

Investigation revealed that the test can be administered to deaf children via pantomime as a crude measure of intelligence.

MYKLEBUST, HELMER R. "Towards a new understanding of the deaf child." *Am. Annals of the Deaf.* Sept. 1953. 98:4:345-357.

Dr. Myklebust calls for a broader, more realistic definition of the problems of the deaf child and discusses the nature of deafness and research findings.

POULOS, THOMAS H. "Needs and objectives in teaching arithmetic to the deaf." *Volta Rev.* Nov. 1953. 55:9:452-455.

Deaf children are proficient in arithmetic computation but in arithmetic reasoning often fall four years lower than the average norm. Language handicaps may explain this difference.

Cardiac

AMERICAN HEART ASSOCIATION. *Have fun; get well.* 1953. 39 p., illus. American Heart Association, 44 E. 23rd St., New York 10 N.Y.

Section I is addressed to teen-agers and describes many hobbies and other occupations for those confined to bed. Section II, for parents of the four-to-ten-year old group, suggests activities of a simpler nature. Sources of additional materials and information conclude the pamphlet.

Gifted

WILLIAMSON, PAULINE BROOKS. "The American Association for Gifted Children; Objectives and growth." *Understanding the Child.* Oct. 1953. 22:4:121-124.

The writer, executive secretary of the Association, describes its formation, growth, accomplishments and future plans.

Orthopedic and Neurological Impairments

CEREBRAL PALSY ASSOCIATIONS OF NEW YORK STATE. *Proceedings of a panel discussion on the slow learning child with cerebral palsy,* prepared by Ernest Fleischer. 1953. 39 p. Cerebral Palsy Assns. of New York State, 1475 Broadway, New York, N.Y.

A discussion of readiness programs, group work activities, parent problems, speech therapy techniques and psychological problems of slow learning cerebral palsied children by workers in these various fields.

GLICK, SELMA J. *Vocational, educational, and recreational needs of the cerebral palsied adult; a survey of a sampling of 200 ambulatory cerebral palsied adults in New York City.* 1953. 57 p. Published by Hunter College Chapter, ICEC, and available from United Cerebral Palsy of New York City, 50 W. 57th St., New York 19, N.Y., at 25¢ a copy.

Findings are reported and recommendations for meeting the needs of cerebral palsied adults and for further research are given.

HOHMAN, LESLIE B. "Intelligence levels in cerebral palsied children." *Am. J. Phys. Med.* Oct, 1953. 32:5:282-290.

An evaluation of the first 600 consecutive case records of the children referred to the Cerebral Palsy Hospital of the State of North Carolina. The writer subscribes to the conclusions of Miller and Rosenfeld that at least 75 per cent of all cerebral palsied children are below average in contrast to 20 per cent of the normal population and at least 50 per cent are seriously retarded and mentally defective. A reevaluation of the whole

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treatment and education program in the light of these facts is urged.

Retarded Mental Development

CALIFORNIA. STATE DEPARTMENT OF EDUCATION. *Mentally retarded students in California secondary schools; a report of a study made under the direction of San Francisco State College and the...1950-51,* by Flora M. Daly and Leo F. Cain. 1953. 200 p., illus. (*Bul.,* California State Dept of Education. Oct. 1953. 22:7) California State Department of Education, Sacramento 14, Calif.

A study to evaluate the present special education programs for the mentally retarded in California and to determine the extent to which their needs are being met.

THE WOODS SCHOOL, Langhorne, Pa. *The preadolescent exceptional child; proceedings of the 35th Conference of the Child Research Clinic of...*held in Philadelphia, May 23, 1953. 66 p. Woods Schools, Langhorne, Pa.

Problems of retardation during the years of pre-adolescence (ages 6-12) are discussed by authorities in the field.

Tuberculosis

JANSEN, RICHARD B. "Recreation helps tuberculous children." *J. Am. Assn. for Health, Phys. Edu., and Recreation.* Nov. 1954. 24: 9:18-19, 38.

A former hospital recreation director discusses means of supplementing the recreation budget, equipment ,the need for volunteer assistants, and forms of recreation permissible.

Visual Impairments

AMERICAN FOUNDATION FOR THE BLIND. *Current research in work for the blind; a survey,* by Nathaniel J. Raskin and Marian F. Weller. 1953. 33p. (*No. 1 Research ser.*) American Foundation for the Blind, 15 W. 16th St., New York 11, N.Y. 50c.

The principal area of interest at the present time is in personal adjustment and psychological development. The increase in the incidence of retrolental fibroplasia has been a spur to research.

BARRY, H., JR. "Maladjustment and maternal rejection in retrolental fibroplasia," by H. Barry, Jr., and Frances E. Marshall. *Mental Hygiene.* Oct. 1953. 37:4:570-580.

Maternal rejection and maladjustment were found to be closely related in a group of 17 children at Perkins Institution. Extreme maternal rejection can cause pseudo-retardation in the blind.

General

BAUER, W. W. "What the classroom teacher should know about the child with diabetes." *NEA J.* Nov. 1953. 42:8:485-486.

The editor of *Today's Health* reviews some of the warning signs of diabetes and outlines the main points for controlling the program of the schoolchild with diabetes.

LAYCOCK S. R. "There must be no forgotten child." *Crippled Child.* Dec. 1953. 31:4:8-9.

In addition to accepting the handicapped child as a loved and wanted human being, parents have an added responsibility to see that he is accepted by the community, given the right to an education, and his special problems understood by the public.

LESTER, GARNETT A. "Aid to the permanently and totally disabled: the young recipients." *Soc. Security Bul.* Oct. 1953. 16:10:3-8.

Presents findings of a sample study of the social and medical characteristics of recipients of aid to the permanently and totally disabled conducted in mid-1951 by the Bureau of Public Assistance. The sample represented 9285 recipients between the ages of 18 and 35.

LEVI, JOSEPH. "Personality makeup in relation to rehabilitation of handicapped children." *Cerebral Palsy Rev.* Nov. 1953. 14:11:7-8.

At the Institute of Physical Medicine and Rehabilitation the author studied psychiatric and psychological methods to determine the possible outcome of rehabilitation. Parents are urged to provide a warm and affectionate home relationship.

MACKIE, ROMAINE P. "State standards for teaching our nation's 5,000,000 exceptional children," by Romaine P. Mackie and Lloyd M. Dunn. *School Life.* Oct. 1953. 36:1:8-10.

This article is the first to report information from the study, "Qualifications and Preparation of Teachers of Exceptional Children." It includes a summary of the areas in which state departments of education have special certifying standards for teachers of exceptional children. A complete analysis of these standards will appear in a later issue.

MCMULLIN, MARGERY D. "To keep up homebound children's morale." *The Child.* Nov. 1953. 18:3:34-37, 46.

Describes the Handicapped Children's Home Service, a voluntary non-profit agency in New York City providing homebound chronically ill children with recreational activities.

NATIONAL CITIZENS COMMITTEE FOR THE PUBLIC SCHOOLS. *How can we get enough good teachers? A guidebook.* 1953. 91p. (*Working guide no. 6*) National Citizens Committee for the Public Schools, 2 West 45th St., New York 36, New York.

A guide intended to help users to discover how teacher shortage affects their communities, and to study possible action to alleviate such a condition.

OLSON, WILLARD C. *How children grow and develop,* by Willard C. Olson and John Lewellen. 1953. 48 p., illus. Science Research Associates, 57 W. Grand Ave., Chicago 10, Ill. 40c.

The authors stress that growth patterns are varied and individual, that children should not be pushed beyond the limits of their particular growth patterns.

PHILBROOK, ANNA L. "Emotional problems and the crippled child." *The Child.* Oct. 1953. 18:2:22-24.

Parents, teachers, and professional workers are counseled on problems which they can help the child to face.

PODOLSKY, EDWARD. "How the child reacts to his physical defects." *Mental Hygiene.* Oct. 1953. 37:4:581-584.

Mental effects of deformity in children are briefly discussed, first of which is shame and a feeling of inferiority. The development of a pleasing personality depends upon the opportunity for self-expression in activities which conform with accepted social standards.

SOCIAL SCIENCE RESEARCH COUNCIL. *Bibliographies on personality and social development of the child,* compiled by Christoph Heinicke and Beatrice Blyth Whiting. 1953. 130 p. (*Pamphlet 10*) Social Science Reseach Council, 230 Park Ave., New York 17, N.Y. $1.

Subject matter is limited to the development of personality and social behavior in their social contexts. Of 1331 references cited in the main section, 44 refer to the handicapped child. Not annotated.

US OFFICE OF EDUCATION. *Designing elementary classrooms; an approach to the problem of classroom design in relation to the schoolchild and program,* prepared by James L. Taylor (and others). 1953. 55 p., illus. (*Special publ. no. 1*) US Superintendent of Documents, Washington 25, D. C. 35c.

Covers pre-design planning steps, the points upon which good classroom design is based, designing the classroom to meet educational specifications, and reactions of teachers to good classroom environment.

NEW HOPE FOR THE RETARDED
Enriching the Lives of Exceptional Children
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192 pp., illus., $4.50
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DATES TO REMEMBER

Mar. 7-12	Assn for Supervision and Curriculum Development, NEA, Los Angeles
MAR. 10	AMERICAN ASSN OF PSYCHIATRIC CLINICS FOR CHILDREN
MAR. 10-12	NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, ST. LOUIS
MAR. 11-13	AMERICAN ORTHOPSYCHIATRIC ASSN, NEW YORK
Mar. 12-13	Dept of Classroom Teachers, NEA, Regional, Boise, Idaho
Mar. 18-20	United Business Education Assn, NEA, Regional, Portland, Oreg.
Mar. 26-27	Dept of Classroom Teachers, NEA, Regional, Milwaukee
Mar. 26-31	Music Educators National Conference, NEA, Chicago
Mar. 29-Apr. 1	American Assn for Health, Physical Education and Recreation, NEA, Regional, Indianapolis
Mar. 31-Apr. 3	American Assn for Health, Physical Education and Recreation, NEA, Regional, Tucson, Ariz.
Apr. 1- 3	Dept of Elementary School Principals, NEA, Regional, St. Petersburg, Fla.
Apr. 1- 3	National Science Teachers Assn, NEA, Chicago
Apr. 2- 5	National Assn of Deans of Women, NEA, Washington, D.C
Apr. 7-10	American Assn for Health, Physical Education and Recreation, NEA, Lincoln, Nebr.
Apr. 8-10	American Assn for Health, Physical Education and Recreation, NEA, Eugene, Oreg.
APR. 11-15	AMERICAN PERSONNEL AND GUIDANCE ASSN, BUFFALO, N.Y.
Apr. 12-15	**Second Regional Instructional Conference. ICEC participates, Minneapolis, Minn.**

APR. 20–MAY 4	CONFERENCE OF EXECUTIVES OF AMERICAN SCHOOLS FOR THE DEAF, SANTA FE, N. MEX.
Apr. 21-24	National Council of Teachers of Mathematics, NEA, Cincinnati
Apr. 25-27	Dept of Rural Education, NEA, Regional, St. Paul, Minn.
Apr. 28-May 1	**International Council for Exceptional Children International Convention, Cincinnati**
May 2- 4	Dept of Rural Education, NEA, Regional, Hot Springs, Ark.
May 6- 8	Dept of Elementary School Principals, NEA, Regional, Boston
MAY 11-13	NATIONAL ASSN OF SCHOOL SOCIAL WORKERS, ATLANTIC CITY
MAY 16-21	NATIONAL TUBERCULOSIS ASSN, ATLANTIC CITY
MAY 18-22	AMERICAN ASSN FOR MENTAL DEFICIENCY, ATLANTIC CITY
JUNE	AMERICAN ASSN OF INSTRUCTORS OF THE BLIND BATAVIA, N.Y.
JUNE 14-18	ALEXANDER GRAHAM BELL ASSN FOR THE DEAF, ST. LOUIS.
June 27-July 1	**NEA Representative Assembly, New York ICEC will have sessions here.**
June 21-25	American Medical Assn, San Francisco
JULY 4-10	AMERICAN PHYSICAL THERAPY ASSN, LOS ANGELES
AUG. 14-21	WORLD FEDERATION FOR MENTAL HEALTH, TORONTO

Reactions of children having their first surgical experience in a hospital vary, according to a recent editorial in American Medical Assn Journal. Children over five years of age seem to forget their hospital experience quickly, those under five are more apt to show transient behavior changes such as fear of the dark, of being left alone, and other regressive behavior such as wanting to be fed, instead of feeding themselves. Older children are more apt to show disobedience, temper tantrums, increasing dependence and defiant behavior.

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ICEC

Convention

APRIL 28 - MAY 1

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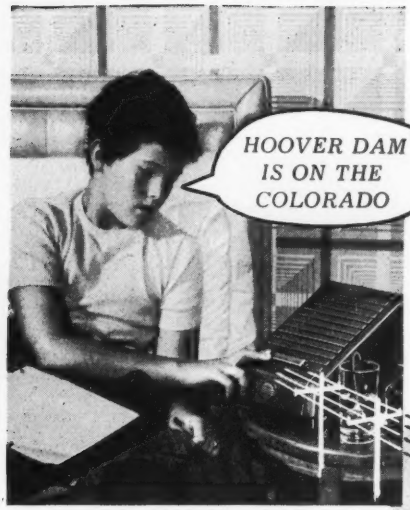
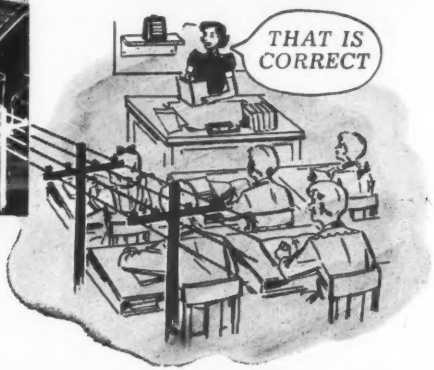


TEACHING by TELEPHONE



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